

CHEMIST & DRUGGIST

The newsweekly for pharmacy

March 21, 1987

a Benn publication

Leapfrogger GP's
wife to move
into surgery?

New pay deal
set for April 1

Generic price
cuts on the way

DHSS gives way
on Tariff
amendment

PMI and the
claims game

PL(PI) update

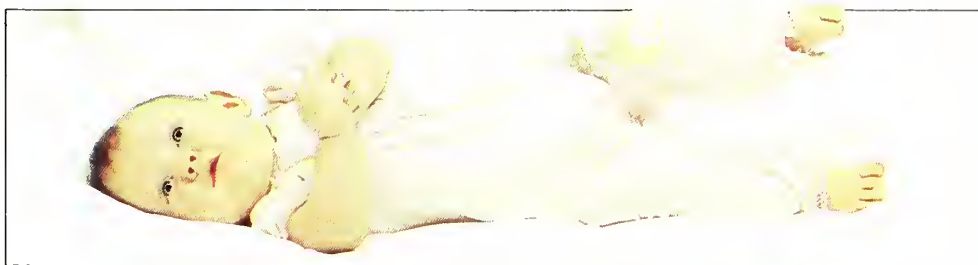
Australian
notebook

One man's year
in cosmetics

The Budget
at a glance



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THIS LITTLE BABY'S ON THE BREAST.



THIS LITTLE BABY DOES IT BOTH WAYS.



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Contra-indications: Galactosaemia. Gastro-intestinal obstruction. **Precautions:** Lactose intolerance. **Product Licence Number** 0512/5001.

References: 1. Florent C. et al. J Clin Invest 1985; 75: 608-613. 2. Palmie P.E. Therapiewoche 1980; 3: 4045-4049. 3. Hoffman K. et al. Klinische Wochenschrift 1964; 42 (3): 126-130. 4. Sanders J. J Am Ger Soc 1978; 26 (5): 236-239.

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March 21, 1987
Volume 227 No 5565

128th year of publication
ISSN 0009-3033

Incorporating
Retail Chemist

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Published Saturdays

by Benn Publications Ltd

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Kent TN9 1RW

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Subscriptions: Home £58 per annum.
Overseas & Eire £72 per annum in-
cluding postage. £1.20 per copy
(postage extra). Member
of the Audit Bureau of
Circulations

ABC

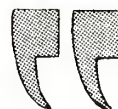
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COMMENT



This week on p478, with just ten days to go to the introduction of a new UK contract package incorporating limitation of NHS contracts together with a fresh remunerative approach, we have a tale of a would-be last gasp leapfrogger of the type least favoured by pharmacists.

Barring a sudden change of heart, a 7 by 10 ft pharmacy will open within a newly built and re-located three-doctor group surgery partitioned from the standard patient reception area by a counter screen. It will sell medicines and dispense NHS prescriptions under the direction of pharmacist proprietor Mrs Gossain, wife of one of the GP practice partners operating from the same address.

As it is obliged to do at present, the Pharmaceutical Society has registered the pharmacy, and its Ethics Committee has advised Mrs Gossain that, as per the Code of Ethics, there must be no direction of prescriptions from the medical practitioners to her pharmacy. The Law Department will, of course, supervise standards of practice when the pharmacy opens, but until then has asked the proprietor to discuss her pharmacy with them



in person.

The disadvantaged pharmacists are naturally frustrated and disgruntled by their own impotence and that of the Society in the face of determined action by a GP/pharmacist relationship of a type not envisaged by the PSGB or, apparently, by the British Medical Association in its practice guidelines (C&D, December 13, p982). Although the pharmacists affected have directed much of their wrath against the Society, its Ethics Committee and Inspectorate, they can be sure that PSGB embarrassment and anger at such potential abuse of a professional relationship matches their own.

National Pharmaceutical Association director Tim Astill strikes the right chord when he says the public interest is not likely to be served if "direction"

of scripts were to occur, and that the public will recognise that such a system could operate to their disadvantage. Pharmacists have long pointed to the often limited dispensary stock held by dispensing GPs, compared with the average inventory of a community pharmacy able to supply script medicines on demand for any GP in a City or country area. By placing themselves in such an invidious position Dr and Mrs Gossain must be seen to practice independently.

The June meeting of PSGB and British Medical Association to clarify guidelines for both professions cannot come to soon. Meantime it is to be hoped that the pharmacy practice subcommittees will adjudge that pharmacies in surgeries run by spouses or close relations are neither "necessary" or "desirable" for the public. As the Fulham pharmacists made clear, normal competition from fellow pharmacists has been the rule, and at least gives them a chance to succeed by providing patients with an excellent standard of dispensing and advisory service. The Fulham situation, like others before it, is the unacceptable face of pharmacy capitalism.



Fulham fury over health centre pharmacy

The imminent opening of a tiny pharmacy in a health centre in Fulham has angered local pharmacists, one of whom could lose the vast majority of his prescriptions business.

The three doctor practice of Drs Dellaportas, Heath and Gossain has recently moved into the newly built Cassidy Road Health Centre at 651A Fulham Road, immediately behind their former surgery. And next Monday, the pharmacist wife of Dr Gossain is opening a pharmacy in the health centre, despite opposition from the pharmacists.

At least six pharmacies in the area will be affected, none more so than O.H. Smith Chemists at 645 Fulham Road, whose proprietor Sailesh Patel told *C&D* that his prescription business was centred on the three health centre doctors. Mr Patel, who has run the business for seven years, says that, as far as he knows, a chemist has occupied the premises since the

mid-1950s.

Mr Patel says he is confident of support from many of his regular customers. "Many have said to me how disgusted they are by what the doctors are doing. Some have asked if I am starting a petition. I could get a thousand signatures against this. All the pharmacies could."

Two more pharmacies further down the Fulham Road towards Putney — Fulham Pharmacy and Kanari Chemists — also stand to lose trade to the health centre pharmacy, as do Oza Chemists on Fulham Broadway and Edmunds Chemists a quarter of a mile away on the North End Road. At least another half dozen pharmacies are within a mile of the health centre.

The health centre pharmacy will be 7 by 10ft and will open from 8.45am to 7.15pm Monday to Friday. Over the counter medicines will also be sold. *C&D* understands that the reception area of the health centre is to be partitioned to provide a reception for prescriptions.

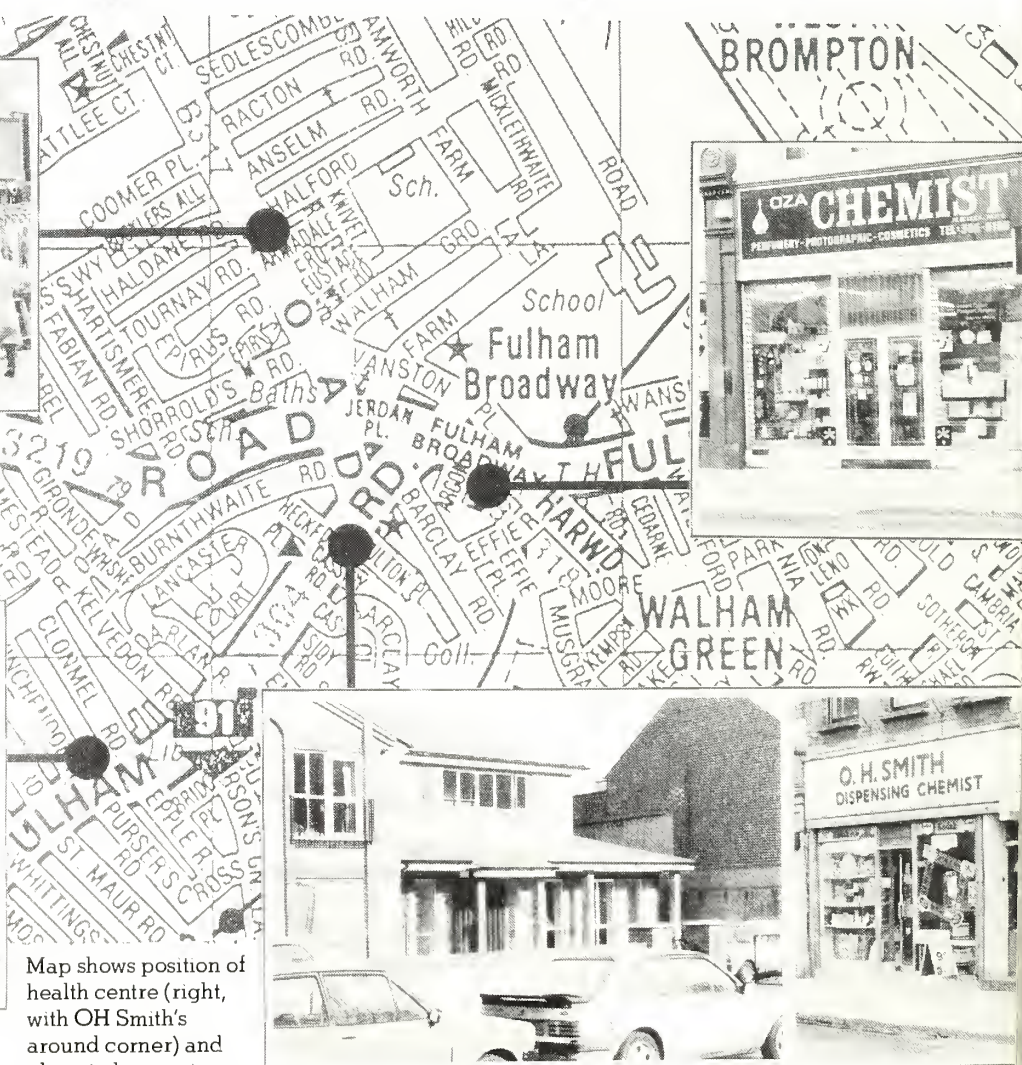
Concern centres on the ethical considerations behind the running of such a pharmacy: the thought of competition was of lesser importance to the pharmacists in the area contacted by *C&D*. Mr Oza told *C&D*: "If it had been another chemist opening opposite Smiths then that would be too bad, but it would take at least two years to become established." Mr Oza said he would continue to fight the new pharmacy.

Four of the pharmacists went to see the doctors in the practice and Mrs Gossain last Thursday. But they appeared to meet determined resistance. While accepting that, by the letter of the law, there was little the Society could do, the local pharmacists are frustrated by the decision.

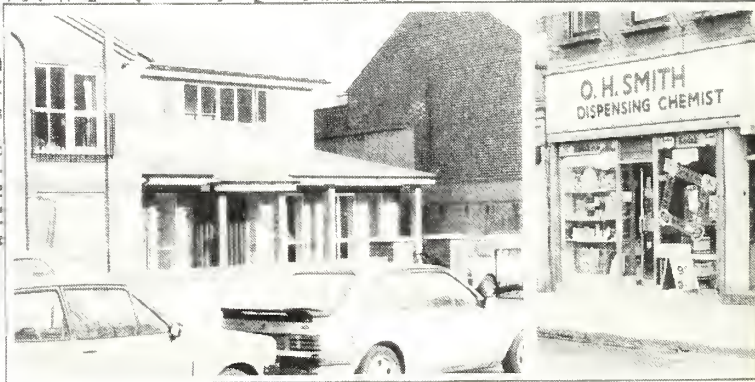
The Ethics Committee of the Pharmaceutical Society has considered two applications to open pharmacies in surgeries in London; one in Fulham and



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Map shows position of health centre (right, with OH Smith's around corner) and closest pharmacies affected.



the other in Hounslow. A spokesman for the Law Department said the Society had written to Mrs Gossain saying it was unhappy about the size of the proposed pharmacies and warning that there must be no hint of an improper business relationship.

C&D was unable to talk to any of the doctors at the health centre. The receptionist told us that Drs Dellaportas and Gossain were unavailable, and to call back "at the end of April". However, Mrs Gossain, who also runs a pharmacy a mile away on the Fulham Palace Road told C&D: "We will be providing a service to the community, opening relatively long hours, and the patients are free to get their medicines dispensed where they like."

Mrs Gossain says that the opening of a pharmacy in the health centre is in accordance with recommendations in the Nuffield Report and Green Paper. "The Society wouldn't have registered it if they weren't happy." She confirmed that the company has given assurances on conduct to the Ethics Committee, but would give no details (see Comment).

A plan by Mrs Gossain to open a pharmacy in a doctor's surgery in Hounslow, may have run into difficulties. C&D understands that application for a pharmacy, at 464 Great West Road, was made at the same time as the Fulham application, in November. But the surgery is in a residential area, and could fall foul of planning regulations. Mrs Gossain told C&D that she "may or may not" continue with the application.

National Pharmaceutical Association director Tim Astill commenting generally on the principle of linkage between pharmacies and GP surgeries through blood ties or "close associations", said it was inevitable that the public would draw adverse conclusions, particularly if such pharmacies were in the same group practice building or health centre. "In such circumstances the temptation to direct scripts may be overwhelming."

Mr Astill said the NPA fully supported the PSGB in this matter and had urged it to discuss such relationships with the General Medical Council.

The Pharmaceutical Society and British Medical Association will discuss the matter of doctor/pharmacist business relationships at their next joint meeting on June 4. The Society has expressed concern and has exchanged information with the BMA. A BMA handbook includes guidance to the effect that a doctor should not hold a financial interest in any pharmacy in the area of his practice. And, in December, Council decided to take no action over a pharmacy rented from a GP partnership (C&D, December 13, p982).

Chemist & Druggist 21 March 1987

New contract all set for April 1 start

The new contract is all set to come into operation on April 1. The Regulations laid last week as C&D went to Press contain no unexpected surprises, and the remuneration package previewed last week has been approved by PSNC.

The principal change in the remuneration structure involves the replacement of graduated on-cost and a flat fee with a three-tier fee and a flat rate of on-cost. Professional fees will be paid as 130p for the first 1,400 script items a month, 48p for the next 850 and 67p per item thereafter. The on-cost rate is 5pc.

The Basic Practice Allowance is abolished, a move strongly opposed by many, and which has already caused some contractors to claim they will be worse off under the new system, even if they are above the 16,000 cut-off level.

PSNC financial executive Mike Brining says contractors in areas where the net ingredient cost per script is high will tend to suffer from the reduction in on-cost, but this will be offset to some extent by the introduction of a supplementary fee on above average period scripts. Those whose NIC per script is currently low will gain and the general effect will be to reduce variability between payments for the same volume of scripts.

A summary of the balance sheet is given in the next column. The global sum rises by 3.2 per cent to an estimated £441m. Prescription volume is forecast to

rise again by 3.4 per cent to 364.4 million in 1987/88. Consequently a significant proportion of additional remuneration in the next financial year will be paid out on increased script volumes, and spread among an increased number of contractors, Mr Brining points out.

	Balance sheet summary		
	Amount due £m	Amount paid £m	Script nos
1985-86	381.2	390.1	337.4
1986-87 estd	409.5 (+7.4%)	427.5 (+9.6%)	352.5 (+4.5%)
1987-88 estd	440.7 (+7.6%)	441.0 (+3.2%)	364.4 (+3.4%)

NB: the 1986-87 amount paid percentage increase is high because it includes a special fee of 4p per script for retrospective adjustments. If this is ignored the 1987-88 percentage increase rises to 6.7 per cent

The average fee, with the change in remuneration system, has gone up from 60p to 92p. The 30p extra fee for above average period scripts has held the figure 2p below what it might otherwise have been. The PSNC is unhappy about the level of additional fees, but because of the speed with which the package was put together, say there has been "some compromise with the fine tuning".

Discounts static

The discount rate will not change when the new remuneration system comes into operation on April 1. The 1986 inquiry has confirmed the interim scale introduced last April.

A forecast over-recovery of discount of £3.8m is to be offset against nil discount not recovered. A nil discount scheme is to be introduced on October 1; discussions on this are continuing.

PSNC has written to the National Association of Pharmaceutical Distributors in an attempt to encourage suppliers to adopt some consistency in their terms.

Script income compared

The table compares monthly script income under the new 1987/88 remuneration system with:

Under column A, income under the existing system (ie, BPA, fee 59p variable on-cost applied to a net ingredient cost of

428.72/script).

Under column B, receipts for the next year (1987-88) calculated using the existing remuneration structure (ie, as in col A but applying on-cost to a NIC of 461.93/script).

Script band (annual number)	Number of pharmacies	Col A £/pharm	Col B £/pharm				
0-2,399	54	-252.51	-260.15	19,800-22,799	816	92.83	32
2,400-3,599	53	-256.28	-275.37	22,800-26,399	888	123.53	41.16
3,600-4,799	53	-258.78	-285.52	26,400-29,999	834	79.58	-10.95
4,800-5,999	86	-259.37	-293.58	30,000-33,599	780	97.83	1.03
6,000-7,199	96	-242.59	-282.95	33,600-37,199	633	118.88	16.02
7,200-8,399	106	-224.51	-270.92	37,200-40,799	565	124.93	14.84
8,400-9,599	150	-207.73	-260.28	40,800-44,399	493	123.47	5.57
9,600-10,799	168	-187.52	-245.95	44,400-47,999	372	127.16	1.85
10,800-11,999	205	-155.73	-219.14	48,000-51,599	307	153.77	22.85
12,000-13,199	243	-109.79	-177.09	51,600-55,199	279	188.11	52.15
13,200-14,399	228	-57.00	-127.65	55,200-59,999	270	248.21	107.94
14,400-14,999	136	-23.40	-97.03	60,000-65,999	293	317.41	170.95
15,000-16,199	283	29.48	-45.63	66,000-71,999	203	302.83	142.43
16,200-19,799	911	99.45	21.60	72,000-83,999	268	280.95	99.63
				84,000-101,999	220	244.51	28.31
				102,000 and over	162	162.86	-131.44

PSNC wins Drug Tariff wrangle

The Department of Health has conceded that its unilateral "generics" amendment to the Drug Tariff last October was unfair after being threatened with a judicial review by the Pharmaceutical Services Negotiating Committee (C&D, October 18, 1986).

The Treasury solicitor, in a letter to PSNC this week, says: "It is conceded by

the DHSS that the amendments made in October 1986 could prejudice pharmacists in that they might, as a result of the amendment, be reimbursed for a drug which they had dispensed at a rate less than they had to pay for the drug.

"The Department accepts that this is unfair and, therefore, agrees to an order of *certiorari* being made to quash the said amendment."

PSNC hopes to have the amendment withdrawn by April 1. Chief executive Alan Smith told C&D: "If the DHSS had consulted with us instead of presenting a *fait accompli* we could have told them that this would not go unchallenged."

Revised ESPS — the new rules

A major plank of the new contract is the Essential Small Pharmacy Scheme, which PSNC hopes will encourage contractors to exploit the less financially attractive locations.

A pharmacy will be entitled if, in any year (April 1-March 31), it:—

- dispenses fewer than 16,000 scripts
- is more than 2km (1.24 miles) in a straight line from the nearest pharmacy (or previously qualified as a special case)
- has in the year preceding, dispensed fewer than 6,000 prescriptions, and the FPC certifies at the beginning of that year (April 1) that the pharmacy is essential.

A contractor can apply to the FPC for ESPS payments, on or before January 31 in the year immediately preceding the year to which the claim relates (this does not apply to this year).

On April 1 of the year to which the claim relates, or as soon as practicable but before any payment is made, the contractor shall give the FPC an estimate of the number of scripts dispensed in the year just ended and, if the FPC is satisfied that the conditions above have been met, payments shall be made.

The FPC will, as soon as it has available the PPA figure of scripts dispensed by the contractor during the preceding year, compare this with the contractor's estimate. If the PPA figure is 16,000 or more, the ESPS payments made in the current year will be recovered within three months of the last payment.

Where, at any time during the year the number of scripts exceeds 16,000, the pharmacy shall no longer be entitled to ESPS payments for that year, and any payments made shall be recovered from the remuneration due within three months.

If a second contractor begins to provide pharmaceutical services from

premises less than 2km from the first contractor, no further ESPS payment shall be paid in that year to the first contractor.

If the FPC decides that a special case pharmacy is no longer essential, it shall notify the contractor and no further ESPS payments shall be paid.

Where the provision of services from any premises has just begun, the contractor may apply to the FPC for ESPS payments at any time during the year. He shall be entitled to payments if:—

- immediately before the day on which he began to provide services, they were provided by another contractor, and the number of scripts dispensed in the preceding 12 months was less than 16,000
- he estimates, and the FPC agrees, that less than 16,000 scripts will be dispensed in his first 12 months
- in any case the premises is more than 2km from the nearest pharmacy.

If the claim is made within three months of the entry to the list, entitlement will begin from the date of entry; in any other case, it will be from the date on which the application is made.

ESPS payments shall be one-twelfth of the difference between the NHS remuneration for the current financial year (ie graduated dispensing fee and on-cost) and £24,489 (ie the remuneration which would be paid to a pharmacy dispensing 16,000 scripts annually. Payments shall be paid monthly in arrears.

The maximum monthly payment shall be £1,275.25 (the difference between one-twelfth of £9,186 — the average remuneration due to a pharmacy dispensing 6,000 prescriptions annually, and one-twelfth of £24,489). Any over, or under payment shall be adjusted in the remuneration paid in the first month of the next year.

Where a contractor provides services for less than 30 hours a week, any ESPS payment shall be: "Average hours/30 x payments appropriate to a full-time pharmacy with the same volume."

Generic price cuts in April

Following talks between generic manufacturers, the PSNC and the DHSS, the following generics will be reduced in price from April 1.

The DHSS has agreed that where pharmacists are unable to obtain products at the new price, endorsements at the old price will be accepted until April 30.

At the same time certain products* will be transferred from category C (price based on named manufacturer or supplier) to category A (weighted average price). The changes are set out below:—

Product	Pack size	Current price	New price
Allopurinol 100mg	100	4.00	2.52
Allopurinol 300mg	100	13.50	8.40*
Co-proxamol	100	1.84	1.42
Diazepam 2mg	1,000	1.40	1.15
Diazepam 5mg	1,000	1.50	1.20
Diazepam 10mg	500	1.75	1.30
Erythromycin 250mg	500	25.00	21.50
Erythromycin 500mg	100	12.07	9.70
Glibenclamide 2.5mg	100	4.20	2.90*
Glibenclamide 5mg	100	5.10	3.00*
Lorazepam 1mg	100	1.35	1.04*
Lorazepam 2.5mg	100	2.25	1.75*
Naproxen 250mg	250	24.68	19.95*
Naproxen 500mg	100	19.74	15.95*
Nitrazepam 5mg	500	2.00	1.70
Spironolactone 25mg	500	15.50	13.50
Spironolactone 100mg	100	15.50	11.00
Tamoxifen 10mg	30	7.00	6.20*
Tamoxifen 20mg	30	11.00	9.35*
Temazepam 10mg	500	13.50	11.63*
Temazepam 20mg	250	11.25	10.17*

Should pharmacists have problems obtaining drugs at these prices phone the PSNC on 01-882 3888.

Voluntary levy?

PSNC is to write to LPCs about setting up a voluntary compensation fund for those contractors disadvantaged by the recent openings, but who will not be covered by the DHSS scheme.

PSNC has notified the DHSS of its intention. It will effectively extend the compensation scheme to three years, by which time the impact of the late rush of openings should have come through the system. Contractors will have to take Government money if they are eligible.

To be eligible for the DHSS scheme contractors will have to have been in contract for at least the period May 23, 1985 to March 31, 1986 and dispensed less than 16,000 scripts (*pro-rata*) a year. Contractors who dispensed over 16,000 scripts in 1985-86, but less than that in 1986-87, will also be eligible.

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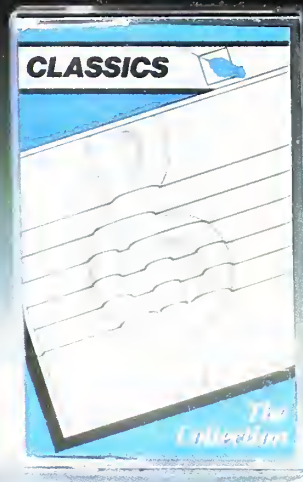
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You don't have to appear on Top of the Pops or sell a million records to get "gold discs."

Instead, all you need do is stock up with Tampax tampons and then watch your turnover increase during the Tampax 1987 National Music Cassettes Promotion.

This involves Tampax, the brand leaders (bought by one in four women) giving away a range of four free cassettes, and you benefitting from the increased sales.

The cassettes are Disco Chart Hits, The Sixties Love Songs, and The Classics (so every taste is catered for). The offer is available on all the special Regular, Super and Super Plus Packs.

If past experience is anything to go by we'd advise you to stock up early with the special cassettes promotion packs.



PPIs only third line information

Pack inserts provided by the pharmaceutical industry should be only the third line of information for patients, says ABPI director of medical affairs Dr Frank Wells.

Speaking at the United Kingdom Clinical Pharmacy Association symposium on patient information in Leicester last Saturday, Dr Wells said: "Patient information should be provided by the industry, but it must be seen to reinforce and not replace the information given by first of all doctors, and secondly pharmacists."

Dr Wells said the industry was currently consulting with other interested groups on the information required. A full policy statement is expected in the Summer. He said that preliminary results of surveys to determine how much of the information given by doctors and pharmacists was recalled by patients, had shown that the vast majority wanted further written information about the drugs.

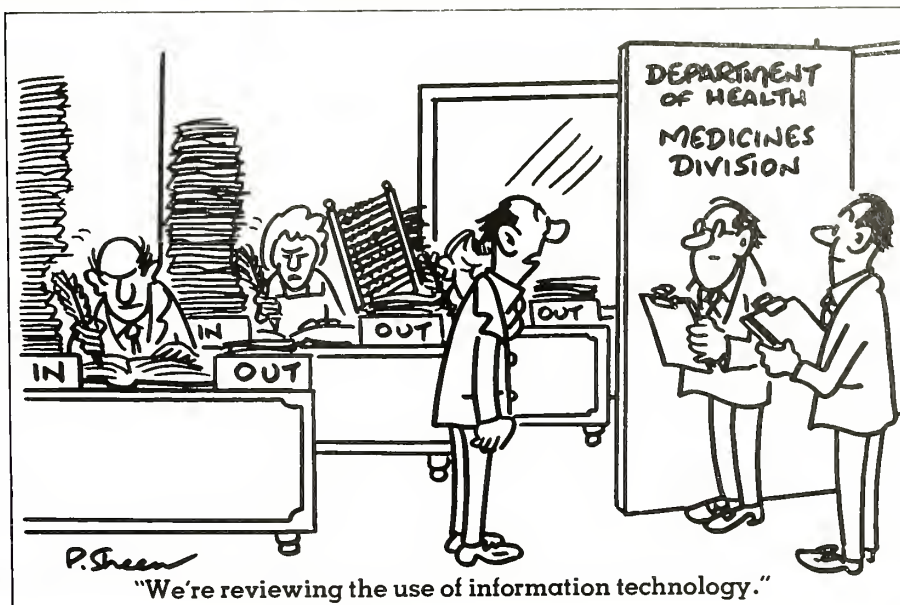
Dr Wells said he believed the only way to provide such information was in an original pack. He reiterated the ABPI's view that the majority of drugs will be in OPDs by mid-1988, but a degree of flexibility would be required. He felt the idea of a two sided leaflet, with basic information in plain English on one side, and more comprehensive information on the other for those that wanted it, was a good idea. And he suggested the DHSS may be asked to approve a patient leaflet when it grants a product licence.

Dr Wells was in no doubt that it should be the responsibility of manufacturers to write the leaflets, especially with the impending product liability legislation.

He said the example of patient inserts in oral contraceptives had convinced him "that leaflets must be far simpler and easier to understand than that. The US gives cause for concern; every conceivable side effect has to be listed. The answer is that there must be a written proviso that 'more information can be obtained from doctors and pharmacists'."

Mr David Sharpe, PSNC chairman, disagreed with Dr Wells' view of the timetable for OPD. He pointed to the increase in generic-filled prescriptions as one recent problem. "If upwards of 35 to 40 per cent of prescriptions are going to be generics, who is going to provide those leaflets, and are they going to be in OPDs?" The DHSS is not going to be pressuring generic manufacturers to use OPDs, because of the cost."

Chemist & Druggist 21 March 1987



DHSS looks into licence workload

Health Minister Tony Newton has commissioned an independent study into how the Department of Health should best manage its increasing workload in product licence applications.

The study will be carried out by former deputy chief medical officer Dr J. Evans and Mr P. Cunliffe who retires soon as chairman of ICI's pharmaceutical division.

Announcing the move in a Commons written reply on March 11, Mr Newton said

that Dr Evans and Mr Cunliffe's terms of reference would be: "To examine the issues for DHSS arising from the continued increases in licence applications and other work under the Medicines Act, and to recommend ways of dealing expeditiously with this work, while maintaining adequate standards for the safety, efficacy and quality of human medicines in the UK."

Mr Newton said the staff of the medicines division has been increased, and its use of information technology is under review. Applications for licences of various sorts have been rising by about 10 per cent a year. "But it is important to ensure our arrangements are capable of meeting future needs."

NPA's 'Picasso' gets scrubbed

The "splitting head" advertisement (C&D January 3) is being withdrawn by the National Pharmaceutical Association, because the strong Picasso type graphic detracts from the "Ask your pharmacist" theme.

Like the Leonard Rossiter/Joan Collins television advertisements for a certain aperitif, research has shown that the public remembers the advert but not the product — or in this case the message. "A concert at the Barbican" or "an exhibition

of modern art" were some of the replies made by the public to the researchers' questions.

The NPA's television campaign is now scheduled for October/November.

One advertisement featuring the dripping nose has been accepted by the vetting authorities but the NPA's agency, CTMC, is still working on a second "attention grabbing idea" that is acceptable to the Independent Television Companies Association, says CTMC director Andrew Carnegie.

A Marplan survey planned for March/April has been postponed to coincide with the rescheduled television campaign.

FPC alert

FPC administrators will know this week if their threatened industrial action will become reality. A members' ballot on the issue closed as C&D went to press.

If such action is taken, then implementation of the new contract will be

affected, as the administrators have said they will refuse to co-operate on the setting up of pharmacy practice subcommittees (C&D February 21, p285).

The Society of Administrators of FPS is seeking recognition by the Whitley Council management side of the extra duties undertaken by its members since April 1985, and resolution of its long-running dispute of grading.



Garden Perfumery

by

newline



RT Display Systems Ltd 212 New Kings Road London SW6 4NZ
 Telephone: 01-731 4181 Telex: 917403 (RT OCTA G) Fax: 01-736 8982

Publication of *C&D* may be slightly delayed this week as a result of a technical hitch with the Price Supplement that was unresolved as we went to press.

Giving needle a bit too soon

Doctors are already writing prescriptions for disposable syringes and needles, although no formal date for their availability on prescription has yet been announced (*C&D* March 7).

Following the Health Minister's statement to the Commons on March 3, that "the Government has decided to make disposable insulin syringes and needles available on prescription", discussions between the DHSS and manufacturers are underway. A DHSS spokesman says the new arrangement will come into force "as soon as possible". Manufacturers anticipate early Summer as the most likely time.

The National Pharmaceutical Association's information department is receiving calls from confused pharmacists presented with such scripts. The NPA's advice is that they should not be dispensed, as the pharmacist will not be paid for them until after a formal date for the arrangement is announced.

Dorbanex to go

Riker will surrender its product licence for Dorbanex on March 31.

From this date it will be illegal to supply the product through any outlet. All excess stock should be returned to wholesalers by April 10, after which date no returns will be accepted. No credit will be given on opened packs, says *Riker Laboratories, 3M Health Care, Morley Street, Loughborough, Leicestershire*

HEA unbalanced?

Pharmaceutical Society assistant secretary Bruce Rhodes says he is "disappointed" by criticism of the new Health Education Authority in the *British Medical Journal*.

BMJ assistant editor Richard Smith, says the HEA, which is to replace the Health Education Council, has the "wrong balance" of members, and lacks public health experts. Mr Rhodes, who was recently appointed member of the HEA (*C&D*, March 7), says only 15 members of the HEA have so far been announced out of a possible 20.

Mr Rhodes also dismissed as "premature the speculation that HEC specialist advisory groups, including the pharmacy group, are to be disbanded.

Chemist & Druggist 21 March 1987

Oh it's such a relief!

Few will deny the relief at hearing the new contract regulations have finally been laid, so that we may, if we are the lucky ones, feel a degree of safety never known before. So long as we genuinely try to give a damned good, professional quality of service to the community, and are seen to do it with acknowledged success, then we might be.

In future anyone who wants to open as a contractor will have to demonstrate the need or desirability of a new pharmacy before it is established. If the proposed site is more than 2km from any other, and the population is large enough, the application is likely to be granted. If it is closer, the case will have to be made with considerable care to have any chance of success.

I am suspicious, however, of the word "or desirable" in the contract wording. It leaves the situation much more open than we might think, since to the lay person, the idea of a pharmacy department in a new town centre store development might be seen as highly desirable, without regard to the existing services. But equally, where there is the admittedly rare case of the arrogant, single pharmacy, lording a monopoly in a smaller townlet, where statistical need could never be established, it could be seen as highly desirable for close competition to be allowed in, even with our support. We know of situations where this ought to have happened, do we not?

As a last comment, I note that the Rural Dispensing Committee has first look at applications to open pharmacies in rural areas. The new concession allows the pharmacist — whose application to the RDC must specify the site — to find another site, if the first is lost due to the time taken to process the paperwork. This is a real breakthrough. It transforms the situation and must have our support . . .

You scratch my back, and I'll . . .

I've had an amusing letter from a pharmacist whose supplies of Fabahistin had dried up. Wholesalers out of stock, product reported discontinued. Didn't believe this, so rang Bayer. No, not discontinued, but being repackaged from 250's to 100's. Ordered ten packs. "Ah yes . . . but not available for two weeks."

He asked what were patients to do in the meantime? As an example of sheer

innocent mischief (quite foreign to me), I quoted his letter: "No answer, so anyone with an irresistible desire to scratch, just phone the marketing manager of Bayer, and he'll pop around and help!"

Ringling congrats

Isn't it nice to be able to say to PSNC: "Well done"? To be truthful, I didn't think they had a chance. If you are still wondering what I am wittering on about, let me tell you. We contractor pharmacists are to be included by British Telecom in the free priority repair scheme along with our GP friends, as a direct result of PSNC representations . . . Good, isn't it?

Kodakery and g'day!

I just like the sound of the word so thought I would use it up rather than let it be wasted in the mind. Actually it is an adjective meaning "the best". I can just imagine that Australian fella, you know the one in those lager ads, what's his name? Hogan, Wogan, something like that. Anyway there he is on the wharf, looking out to sea at the beaut scene with his little camera . . . raises it to his eye, takes his snap, and then, giving it an admiring glance, slips it into the pocket of his strides, and says, with affection: "It's real Kodakery."

I give this scenario to Kodak — free — because they have sent me a letter thanking me for my views, and suggesting I might phone them so as to let them tell me why the new VR film idea is worth having. Unfortunately, because my voice just might be known, I'd have to disguise it. I've been practising my "g'day", but don't reckon I could keep it up long enough for a conversation.

But since they appear to be making real efforts to help us I'll stop making fun now and come clean. I shall be stocking their low price film, because I think it makes sense. The truth is Kodak is synonymous with photography, and acceptable by all. The reason other brands (and non-brands) got more than a foothold was because of the inflexible price structure set up when Kodak felt it had a world monopoly. For choice I sell Kodak because there is no resistance to the name, whereas with cheapies in particular, whether they have a house name or are a processor brand, each sale has to be made by hand, as it were. Despite this, margin is important to retailers, who long since have worked out the nice equation between ease of sales, sales input and actual cash profit per sale.

Crookes put £3m behind Nurofen

Crookes Products are supporting Nurofen with a £3m spend in 1987/88 commencing on April 1 with a £500,000 national television advertising campaign. The campaign will use the 20 second "Queen's Award" commercial, and Crookes estimate it will reach around 83 per cent of housewives an average of six times. Nurofen will also be promoted to GPs, nurses, and other healthcare professionals. *Crookes Products Ltd, PO Box 94, 1 Thane Road West, Nottingham.*

Speedy 'specials'

Macarthy Medical are introducing new order forms for their "specials" designed to achieve a one week turn-round on most orders.

Receipt can be acknowledged immediately and a quotation given at the time of ordering for all but the most rare items. *Macarthy Medical Ltd, Manufacturing & Agency Division, Chesham House, Chesham Close, Romford, Essex RM1 4JX.*

Special delivery

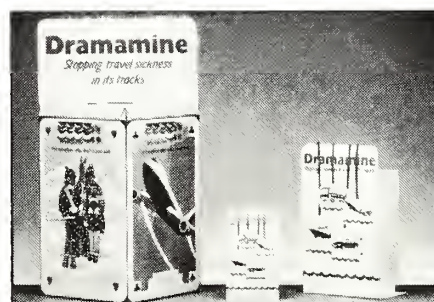
Around 350,000 mothers-to-be are to receive a leaflet and free sample of Sudocrem in Bounty's sample packs.

Tosara, who make Sudocrem, say Bounty's mother-to-be service provided the best way to reach a large, tightly targetted audience in time to influence purchasing habits after the birth of their babies. Distributors: *Pharmax Healthcare Ltd, Bourne Road, Bexley, Kent DA5 1NX.*



Diocalm update

Beecham's Diocalm is being repackaged with more "modern" livery and individually blister-packed tablets, says the company. Two sizes are available, a 20-tablet pack (£1.53) and 40-tablet pack (£2.43). *Beecham Proprietary Medicines, Beecham House, Great West Road, Brentford, Middlesex TW8 9BD.*



Searle Consumer Products are introducing new POS material for Dramamine, using a "Four Seasons" theme to emphasise that people now travel all year round. Four different modes of transport set in a different season are depicted with the copyline Dramamine... stopping travel sickness in its tracks". *Searle Pharmaceuticals, Walton Road, Morpeth, Northumberland.*

Leonards House, St Leonards Road, Eastbourne, East Sussex BN21 3YG.

Hillcross Pharmaceuticals Ltd have added the following products to their range: metronidazole tablets 400mg (100, £5.56), metronidazole tablets 200mg (250, £6.95), and procyclidine hydrochloride tablets 5mg (500, £23.95), all prices trade, available through local branches of any AAH wholesale company. *Hillcross Pharmaceuticals Ltd, Primrose Mill, Harrison Street, Briercliffe, Burncliffe, Burnley BB10 2HP.*

Unichem Melolin

Unichem are adding Melolin dressings to their own-label portfolio, available from April 1. The dressings, manufactured by Smith & Nephew, come in Unichem packaging and are available in packs of 100 in 5 x 5cm, 10 x 10cm and 20 x 10cm sizes. An introductory offer gives members a 7.5 per cent discount on orders placed during April.

A Ford Fiesta worth £5,400 is the prize in Unichem's 1987 window display competition, and the closing date for entries is April 30. The competition ties in with the company's £750,000 national television advertising campaign running until Easter, with supporting consumer competitions in local newspapers. *Unichem Ltd, Unichem House, Cox Lane, Chessington, Surrey.*

World of sport

Seton Products have made the following amendments to their Prosports Range. From March 9 the range will consist of: knee, ankle, wrist and elbow supports, athletic supporters and cricket supporters, s, m, l, and cohesive strapping, flesh, 60mm and 80mm. There are no price changes. *Seton Products Ltd, Tubiton House, Medlock Street, Oldham.*

... a spray day

Ernest Jackson & Co are adding a Pinelyptus mouthspray to the Proctor Pinelyptus pastilles range (12ml £1.16). A combined display outer (165mm wide x 170mm deep x 100mm high) holding a dozen pastille packs and a dozen sprays is also available (£14.22). *Ernest Jackson & Co Ltd, Crediton, Devon EX17 3AP.*

Shoo, flies!

Torbet Laboratories are running a trade bonus offer on Shoo wipes and lotion until the end of June.

Twelve packets of wipes will be invoiced as 11 (£10.89 trade), and 24 bottles of lotion will be invoiced as 22 (£20.02 trade). Distributed by: *Farillon Ltd, Ashton Road, Harold Hill, Romford, Essex RM3 8UE.*

Ayerst Laboratories are running a bonus offer on Auralgan ear drops of 12 charged as ten, until April 3, available from Ayerst representatives. *Ayerst Laboratories Ltd, South Way, Andover, Hants SP10 5LT.*

Chemist & Druggist 21 March 1987

PRESCRIPTION SPECIALITIES

Berk add three

Berk Generics Division have added to their range of branded generics: glibenclamide tablets 5mg branded "Calabren" (1000, £51); tamoxifen tablets 10mg (100, £27.10), tamoxifen tablets 20mg (100, £44.90). All prices are NHS basic; wholesale prices are less 10 per cent.

Packs of amiloride tablets 5mg, 100s and 500s, will now bear the name "Berkamil". *Rorer Pharmaceuticals Ltd, St*

Specially picked for Healthy Growth



We asked hundreds of health conscious adults what, in their opinion, was missing from the Seven Seas range of Health Supplements. Their suggestions certainly gave us something to chew over.

It seems that they rather liked the idea of a fruit flavoured mineral that was actually enjoyable to take.

So, ever eager to oblige, we developed three.

Strawberry flavour Calcium, Blackcurrant flavour Zinc and Citrus flavour Iron.

These three unique 'berries'

come in a soft, chewable capsule with a pleasant tasting liquid centre.

Look out for them on TV

We expect sales to take off from the moment they're advertised on TV in February.

And to ensure sales keep growing we'll be providing you with attractive display material too.

To order your stocks of new Seven Seas 'berries' simply contact your local representative or wholesaler now.



SEVEN SEAS 'Berries'TM

For Healthy Growth

Seven Seas Health Care Ltd., Hedon Road, Marfleet, HULL HU9 5NJ. Tel. 0482 75234.



Dendron relaunch oats

Dendron are to relaunch their Aveeno range.

The products contain an extract of natural oats said to have soothing properties. They have been repackaged and in some cases renamed.

The range now offers two types of bath sachets, regular (formerly called colloidal) and oiled; soap-free bar; emulave bar (formerly known as Aveenobar oiled); and Acnaveen cleansing bar. *Dendron Ltd, 94 Rickmansworth Road, Watford, Herts WD1 7JJ.*

If you're cracking up...

Pharmacia are backing their range of dry skin treatments with a £200,000 advertising campaign.

From April until the end of the year, the lotion, face cream and dry zone cream (all £2.99) will feature on posters on London buses and tubes, using the copy line "Are you cracking up?" and explaining the problems of dry skin. And for the first two weeks of September commercials will run on London's Capital radio. And the products are now all available in 20g "purse-pack" sizes (£0.99), say *Pharmacia (Great Britain) Ltd, Pharmacia House, Midsummer Boulevard, Milton Keynes MK9 3HP.*

A free hand

Neutrogena are offering a free sample of their Norwegian Formula hand cream boxed with Original Formula or dry skin soap (£1.35). Distributed by: *LRC Products Ltd, North Circular Road, London E4 8QA.*

Elida Gibbs are offering 25ml extra free on Dimension shampoo. *Elida Gibbs Ltd, Hesketh House, Portman Square, London W1A 1DY.*

ON TV NEXT WEEK

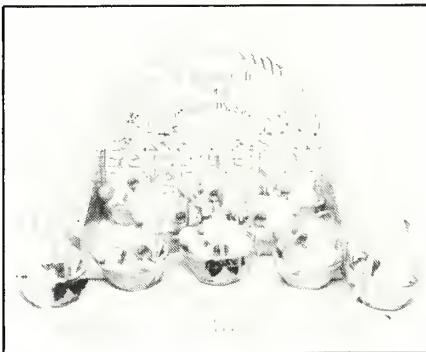


GTV Grampian B Border C Central CTV Channel Islands LWT London Weekend C4 Channel 4	U Ulster G Granada A Anglia TSW South West TTV Thames Television BT TV-am	STV Scotland (central) Y Yorkshire HTV Wales & West TVS South TT Tyne Tees
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Actifed:	All areas except Ulster
Askit powders:	GTV, STV
Atrixox:	All areas, C4, Bt
Benylin Day & Night:	Y
Benylin expectorant/paediatric:	All areas, C4
Dixcel toilet tissues:	GTV, G, Y, C, HTV, Bt
Drakkar Noir	LWT, STV
Dulcolax:	STV, HTV, TSW, C4
Fiesta kitchen towels:	All areas, C4, Bt
Flix:	All areas
Johnson & Johnson baby shampoo:	All areas
Junior Paraclear:	Y, C, TVS, LWT, TTV
Kavli crispbreads:	TT, Bt
Lady Grecian 2000:	STV, Y, TVS
Laxoberal sugar-free liquid:	STV, HTV, TSW
Lipcite:	TTV, C
Listerine:	All areas
Nivea haircare:	All areas
Paracodal:	All areas except TVS, Y, U, G
Pearl soap:	All areas
Peaudouce Babyslips:	Bt
Pretty Polly stockings:	All areas, C4
Redoxon:	STV, C, HTV, TTV, C4
Robinson's babyfoods:	Bt
Scholl's Lite Legs	G, C, TSW, LWT, Bt
Settlers' Tums:	All areas
Seven Seas:	C4, LWT, C, G, Y, STV, HTV, TVS, TT, B, GTV
Simple skin care:	C4, (TTV, C, TVS, G, A)
Sinutab:	All areas
Unichem's own brand:	All areas except Ulster
Chique, Lace, White Satin:	All areas

Little something

Woods of Windsor are introducing gift baskets (£2.75) of toiletry miniatures for motner's day and Easter.



Each basket contains a bath cube. They are also launching a mini presentation basket of lavender or wild rose pot pourri (£1.95). *Woods of Windsor Ltd, Queen Charlotte Street, Windsor, Berks.*

Collector's items

Beauty Collections, established in January, are now marketing and distributing mid- and up-market fragrances in Britain, backed by £750,000 of advertising.

A new fragrance, Fashion Bazaar (from £16.95 25ml) will be advertised in magazines such as *Elle* and *Harpers & Queen* throughout the year. Another, *Beverly* (from £8.95 30ml) will offer samples and sponsor a beauty competition from May until the end of the year in *Look* Now. *Sensation* (from £8.95 25ml) will also be backed by sampling as well as colour advertisements in the November issue of *True Romance* and the July's *Women's Story*. Both these perfumes have so far only been test-marketed in Britain.

The company will also handle *Keora* (from £14.95 30ml), *Coriandre* (from £9.95 21g) and *12 for Men* (from £9.95 30ml), all of which will be backed by advertisements in the women's *Press* throughout 1987, say *Beauty Collections, 6 Victoria Street, St Albans, Herts AL1 3JB.*

Bronnley Spring into Summer

Bronnley are extending the last order date for four of their Spring gifts from March 31 to June 19.

The items available are the pot pourri posy (£3.75), soap in a shower cap (£3.75), soap in a wicker basket (£1.75) and *Pets Corner* display cases with animal soaps (£0.99 each). *H. Bronnley & Co Ltd, 10 Conduit Road, London W1R 0BR.*

After-shave ad

Drakkar Noir after-shave is being backed by a £450,000 advertising campaign.

A new commercial will run for the next five weeks on ITV and Channel 4 in London and Scotland. And POS material is also available to support the product. Distributed by: *Parim Ltd, 14 Grosvenor Street, London W1X 9FB.*

For the tub

Galenco are introducing forest pine and French peach variants to their deep moisturising bath oil and foam. *Galenco Cosmetics UK Ltd, 10 The Broadway, Thatcham, Newbury, Berks.*

SENOKOT-THE BIGGEST-SELLING AND MOST RECOMMENDED LAXATIVE BRAND IN PHARMACY.

- No 1 selling branded laxative – 21.9% market share¹
- No 1 recommended brand – 53% of all pharmacy recommendation for laxatives²
- One of the top 20 selling brands in OTC medicine³



Most-supported laxative brand in pharmacy

Senokot is being advertised nationally in women's magazines, and a new television campaign breaks regionally throughout 1987. Total advertising spend in 1987 will be £400,000.

Thirty years of effective use

Senokot has been recommended successfully for more than thirty years by doctors and pharmacists for the safe, gentle and effective relief

of constipation. 125 million doses are sold yearly through pharmacy.

Nature's answer for constipation – in convenient forms

Senokot contains a laxative ingredient derived from the senna plant, which has been used for centuries for the treatment of constipation. In Senokot it is provided in easy-to-take forms, either as tablets, granules or syrup.



A Reckitt & Colman Pharmacy Product.

References: 1 & 3. IMS Home Medicine Report. 2. Martin-Hamblin Research.

mosquitoes quit

with

Z-STOP

Complete protection from flying insect bites

When your customers buy their sun preps. and other holiday items, don't let them leave without Z-Stop. Mosquitoes can ruin a holiday and can even be a serious health risk.

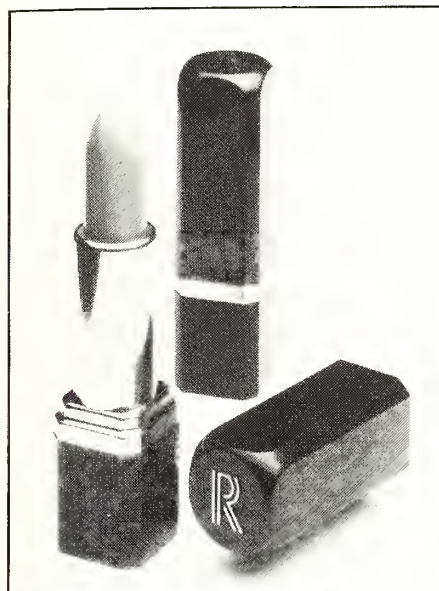
With Z-Stop, your customers will get complete protection from mosquitoes and other flying biting insects. The Z-Stop range includes a pleasant-smelling lotion, sun milk, candles, strips, coils and now handy wipes.

Z-Stop will be the subject of multi media advertising targetted towards the holidaying public this summer.

Make sure your customers have a mosquito-free holiday this year – **stock Z-Stop now.**

Thames Laboratories, The Old Blue School, Lower Square, Isleworth, Middlesex TW7 6RQ. Tel: 01-568-7071.





Hot lips from Rimmel

Rimmel are relaunching their lip make-up range, and introducing a new mini-size soft kohl pencil.

Moisturising lipstick is being replaced by moisture plus (£1.39), containing moisturisers and a sunscreen. Repackaged in more geometrically shaped tubes, it comes in 16 of the original shades, plus new Rajasthan rose, Tibetan pearl, Seychelles coral and Kashmir pink.

Colour Plus lipstick (£1.09) replaces twist-up lipstick, with packaging a compact version of that used for moisture plus. It comes in all the colours available for twist-up, and also sugar plum, peach melba, candy floss, sherry trifle, sugar almond and raspberry ripple.

Glossy lip tint (£1.09) also features the new squarer casing, but with a pink-tinted see-through sleeve. New shades are clear, fuschia, heather, geranium and petal.

Also new for lips is moisturising lipstick control (£1.49), designed to moisturise the lips and control the problem of lipstick "bleeding".

The new mini kohl pencil is available in jet black, star sapphire, pewter grey, sable brown, ocean blue, rain forest, white satin, blue velvet and purple silk (£0.50). *Rimmel International Ltd, 17 Cavendish Square, London W1M 0HE.*

Mandate-ory

Shulton are introducing a conditioning shampoo to the Mandate range.

The new product (£3.95, 125ml) contains added protein and is mild enough for everyday use, says the company. It is packaged in a transparent bottle with easy-grip sides. *Shulton (Great Britain) Ltd, Shulton House, Alexandra Court, Wokingham, Berks RG11 2SN.*

Chemist & Druggist 21 March 1987

Magnifique!

Lancôme's Niosome anti-ageing system has won two awards from the French women's Press: the Tube d'Or (golden tube) awarded by *Marie France* magazine, and the Prix d'Excellence from *Marie Claire* magazine. *Lancôme, 14 Grosvenor Street, London W1.*

Cachet on TV

House of Matchabelli's Cachet is to be advertised on television for the first time in four years.

A new 20-second commercial will be on air nationally from March 15 for the two weeks prior to Mother's Day. The campaign represents a spend of over £450,000. *Prince Matchabelli, PO Box 242, Consort House, Victoria Street, Windsor, Berks SL4 1EX.*

Hair's the News

Schwarzkopf are supporting their News range with two promotions this month.

Super Strong styling mousse and fixing spray both feature 20 per cent extra free on the 150ml packs. Longlasting wet gel will be banded to a free eye pencil, in a choice of black, electric blue, navy or silver, while a free lip pencil in red, pink or pale pink comes free with super strong styling gel. *Schwarzkopf Retail Division, Penn Road, Aylesbury, Bucks HP21 8HL.*

Splitz blitz

Maybelline's latest make-up collection is Splitz, a range of cosmetics each containing two colours.

Split level duo blush (£2.65) comes with its own brush and contains a basic colour teamed with a highlighting shade fused into the same tablet of powder. It comes in four shades: bed of roses; in a nutshell; fire and ice, and damson in distress.

Split screen duo shadow (£1.85) also comes in four colourways: airs and graces; yellowbrick road; salt and pepper, and in the clover. Split second duo pencil features two shades of pearlised eye shadow in the same stick (£2.85). It comes in: a royal flush; stitch in thyme; rain or shine, and a clean sweep. *Rimmel International Ltd, 17 Cavendish Square, London W1M 0HE.*



For la plage from La Prairie

La Prairie are launching a range of sun-care products called Sun Basics.

The three sunscreen products include: sun-care cream offering protection 6 (£17 125ml); sun-care mousse (£19 150ml), and sun-care for lips and eyes (£19 9g) both offering protection 15. And the range also includes an aftersun mask (£19 100ml). The sun-care cream and product for lips and eyes are both designed to be water resistant, says the company. Distributed by: *Perma-Jeune Ltd, Vie Fuller, 29 Broad Hinton Road, London SW4 0LT.*

For eyes

Max Factor are adding an eye pencil to the recently relaunched Swedish Formula range.

The pencil (£1.95) is fragrance-free and hypo-allergic. It comes in six shades: black, brown, grey, navy, sapphire and green. *Max Factor, Max Factor House, Waterman's Park, Brentford, Middlesex TW8 0DS.*

For Jaws

Jordan are promoting their V-tuft toothbrushes from March 31.

A pre-filled display unit, depicting the famous Jordan shark, will be available to chemists, containing the following brushes: 24 x Jordan junior V-tuft; 12 x Jordan V-tuft hard; 12 x Jordan V-tuft medium; 12 x Jordan V-tuft soft; 12 x Jordan V-tuft compact. Each unit will contain 50 free consumer leaflets entitled "How to look after your children's teeth". Each leaflet will carry a 20p off next purchase coupon. *Alberto-Culver Co, Houndsmill Industrial Estate, Telford, Basingstoke, Hants RG21 2YX.*

Tampax face the music

Tambrands are running a free cassettes promotion on Tampax regular, super and super plus.

The four cassettes on offer have been specially compiled for Tampax and are designed to offer something for everyone in the products target market of 15-44 year olds. Titles available are Disco chart hits, The Sixties, Love Songs, and Classics.

The offer is flashed on-pack, and customers have to send in proofs from a total purchase of 80 tampons. There will also be competitions in women's magazines. The company says stocks of promotional packs should last until the end of May. *Tambrands Ltd, Dunsbury Way, Havant, Hants PO9 5GG.*

Cell a holiday

Duracell are offering consumers a holiday voucher worth up to £50 in exchange for two proofs of purchase from any of the company's specialist photographic cells.

The offer is being sold into camera wholesalers including Sangers Photographics and E.E. Swains. And there is POS material explaining the offer.

The voucher can be used for holidays booked through ABTA travel agents. Closing date for application for vouchers is July 31. Vouchers will be valid against holidays booked before January 31, 1988, say *Duracell (UK) Ltd, Duracell House, Church Road, Lowfield Heath, Crawley, West Sussex RH11 0PQ.*

Key in to batteries

The battery market (excluding rechargeables) in the UK is estimated to be worth some £200m at rrp last year, with around 16 per cent of zinc carbon and 20 per cent of alkaline manganese battery volume sales going through chemists, including Boots in 1985, according to a report from Key Note this month.

Zinc carbon (ZC) battery sales still dominate, but the ratio of sales of alkaline manganese (AM) batteries to those of zinc carbon (ZC) has grown from 7:93 (am: ZC) in 1979 to 28:72 in 1986. If this trend continues Key Note expects that AM and ZC batteries will reach a 50:50 volume share by 1991 or 1992. Ever Ready is still the dominant brand in the dry battery sector, with over half the total market share

in volume and value terms (54 per cent).

Purchasing, the report reveals, is still "mainly made on the basis of availability as opposed to deeply committed brand loyalty", so manufacturers are concentrating on distribution and merchandising in the most appropriate retail sectors. "Dry Batteries" £89 (post paid) from *Key Note Publications Ltd, 28 Banner Street, London EC1Y 8QE.*

Kodak POS

To encourage retailers to display up to date POS material for Kodak's colour check process monitoring scheme the company is offering a free bottle of champagne to the first 250 entries picked from a free draw after the closing date of March 31. *Kodak Ltd, Kodak House, Station Road, Hemel Hempstead, Herts.*

Sporting chance

Scotch are promoting their videocassettes with a free sports handbook containing £90 worth of vouchers for sporting events.



The 108 page handbook comes free with twin packs of Scotch E-180, E-240 and L-750 cassettes. The book is divided into 15 sections covering areas from tennis and golf to stately homes. There is a voucher relating to each section — offering savings from £1 up to £22, which acts as a free ticket when another ticket is purchased at the venue. Distributed by: *3M UK plc, 3M House, PO Box 1, Bracknell, Berks.*

Added freshness

Cussons are adding Racasan freshness to their Racasan range of toilet fresheners.

Freshness is available in pine, lavender and floral fragrances (single, £0.29, twin refil £0.36). *Cussons (UK) Ltd, Kersal Vale, Manchester M7 0GL.*

Child's play from Curver

Curver have added another four products to their range of co-ordinated babyware.

The beaker, with drinking nozzle, has two large handles and an srp of £2.50, while the hot food plate, to keep food warm when filled with hot water, has, say Curver, a childproof stopper and sturdy handgrips (£3.95 srp).

The step is designed for children who cannot reach the toilet or wash basin or their beds (£4.50 srp). It has a rubber ring at the base and a textured surface to ensure a non-slip area, the company says. The baby bib (£2.50 srp) has an adjustable neck fastening and food catching lip.

The full range is available in lemon, white and pastel blue, with selected items carrying teddy bear motifs. New pink packaging is designed for extra impact at POS. *Curver Consumer Products Ltd, Curver Way, Willowbrook Estate, Corby, Northants NN17 1XN.*

More Impact

Ecolab are adding five new products to the Impact bathroom and kitchen cleaners range, and supporting the launch with television and Press advertising.

New products include oven and grill cleaner (about £1.99); stainless steel cleaner and kettle and coffee maker descaler (both about £0.99), limescale remover (about £1.29) and mildew remover (about £1.59).

A £200,000 Press campaign will involve advertising in women's magazines in July, and commercials will run on television in selected regions in the Autumn, says the company.

And a POS unit is available during the launch, which will involve an on-pack promotion offering a free household hints booklet with proofs of purchase. *Ecolab Ltd, David Murray John Building, Swindon, Wilts SN1 1ND.*

1001 plus 30


Cussons' 1001 Spring carpet freshener is being offered with 30 per cent extra free on its lemon, blossom and floral fragrances, during the traditional Spring cleaning months of March to May. During the same period, 1001 foam shampoo and 1001 household cleaner will carry 10p off next purchase coupons. *Cussons (UK) Ltd, Kersal Vale, Manchester M7 0GL.*

Chemist & Druggist 21 March 1987

THE ART OF BODY MAINTENANCE



The Red Kooga look is distinctive.
It uses only the finest selected vitamins and minerals
with no artificial colourings or flavourings.
You'll find Red Kooga multivitamins at leading
chemists, drug stores and health shops.

 E.G. Marketing Limited, Park Road, Overseal, Burton on Trent, DE12 6JT

RED KOOGA

**MULTIVITAMINS
AND MINERALS**

IT'LL MAINTAIN A HEALTHY PROFIT MARGIN TOO!

There's an art in creating exactly the right appeal
for a Multivitamin. Red Kooga has done just that.

In a crowded market, we've targetted Red Kooga
directly at a specific, fast growing audience.

The message will be reaching this audience with
ads like the one above. But there's more.

Don't forget too that Red Kooga has a good,
balanced formula with no synthetic additives.

It's a simple, one a day vitamin regime. And it will
help keep your profits looking healthy.

For more information, contact E.G. Marketing at
the address below.

RED KOOGA

**MULTIVITAMINS
AND MINERALS**

 E.G. Marketing Limited, Park Road,
Overseal, Burton-on-Trent DE12 6JT
Tel: 0283 221616.

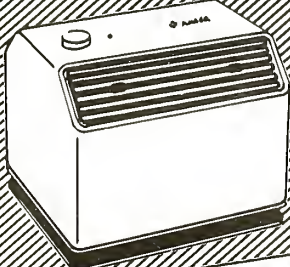
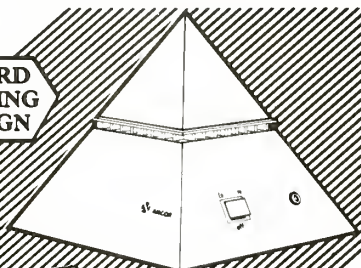
AMCOR IONISERS

The Clear Solution to Air Pollution

In today's increasingly health conscious world the requirement for a clear, healthy environment has seen a fast growing demand for ionisers which clear the atmosphere of dust, cigarette smoke, pollen and other irritating and potentially harmful particles.

Amcor is one of the world's foremost manufacturers of negative ion generators with just one model having current monthly sales of over 12,000 in the USA alone. In the UK, Amcor ioniser sales have increased four-fold over the past 3 years, a position which will improve even further thanks to a national advertising campaign.

AWARD
WINNING
DESIGN



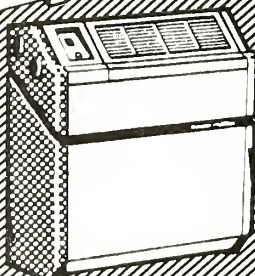
Models from
£33.00
RETAIL

All models comply
with British
Electrical Safety
Standards



**SINGLE-UNIT
ORDERS ACCEPTED
FOR TRIAL PERIOD!**

Now you can take advantage of our reputation for product quality and enjoy our **quantity discounts** pricing structure by stocking the Amcor range of domestic ionisers.



OFFICE UNITS AVAILABLE
WITH FILTER AND FAN
ASSISTANCE.

AMCOR

AMCOR HOUSE, 19 WOODFIELD ROAD, LONDON W9 2BA
TEL: 01-289 4433 TELEX: 266612 AJAM G FAX: 01-286 4757

Please send me further information and a list of distributors

NAME _____

COMPANY _____

ADDRESS _____

Tel: _____

CD21/3

COUNTERPOINTS



Not chocolate for Chaucer — it's Canterbury carob!

Waissel's are now marketing a range of carob bars under the Canterbury brand. The Bars (50g £0.45) contain no caffeine, artificial colouring, artificial flavouring, or sugar. They are available in eight flavours — honeycomb, mint, raisin, fruit and nut, nut, honey and milk, coconut, and apricot. *Waissel's Ltd, 58 Gayton Road, Harrow, Middlesex HA1 2LS.*

Pranavite extend support

Pranavite Slim are extending their 50/50 advertising scheme for retailers until the end of May. The product is also being promoted in *The Star's* slimming competition throughout the Spring. POS material and free merchandising is available from *H.t.B. (UK) Ltd, 60 Osmondthorp Lane, Leeds LS9 9EF.*

Mandora go cola nuts

Mandora are launching what they say is the first low additive cola in the UK. St Clements cola (33cl can £0.18, 1l £0.49, 2l £0.69) has no artificial colourings, sweeteners, flavourings or preservatives. Packs show the cola nut, to highlight the drinks "natural" origins. *Mandora (UK) Ltd, PO Box 2, Bellamy Road, Mansfield, Nottinghamshire NG18 4LW.*

Go buy the book

Thorsons Distribution are introducing their range of health books into retail pharmacies. Priced from £0.95, the books cover subjects such as slimming and special diet cookery, and the company offers a minimum discount of 35 per cent to retailers. Free display units are available. *Thorsons Publishing Group Ltd, Denington Estate, Wellingborough, Northants.*

Panda-monium...

The Panda range of licorice bars and fruit bars are being advertised in the women's and health Press. National newspaper and radio advertising is planned for later in the year. *Panda (UK) Ltd, Broadwall House, 21 Broadwall, London SE1 9PL*

Cuxson. Gerrard will be giving away St Kilda of Scotland pure lambswool sweaters with orders of Carnation products worth £42, not sweatshirts (C&D, March 14, p457).

Chemist & Druggist 21 March 1987

ABIDEC multivitamin drops for healthy babies and toddlers who don't want additives!

There's widespread concern these days about the effects on some infants of artificial flavourings, preservatives and colourings added to foods.

There's also widespread agreement among health-care professionals that babies and toddlers should have vitamins daily, right through to school age.

In fact, we at Warner Lambert are helping to raise awareness of the importance of vitamins in pre-school nutrition, with posters and leaflets for mothers at the Clinics in your district.

Doctors do see cases of vitamin deficiency in children – and most often it's ABIDEC they prescribe for you to dispense. Because ABIDEC contains all the seven vitamins considered essential for the very young.

And because ABIDEC is convenient, simple and acceptable every day.

So when mothers ask for a word of advice about vitamins, give them one – ABIDEC. All the essential vitamins, none of the unnecessary additives.



**WARNER
LAMBERT
HEALTH CARE**
the name people feel better with



Trust our little experts to give you bigger profits.

Milupa are the brandleader by value in independent pharmacies*— and in the total dried babyfoods market. It takes that little bit extra to hold the leading position.

We hold our lead with a unique range of babyfoods, which provides the assurance of essential nutrition — in every variety.

It means providing a comprehensive range of services, too, supported by:

- * over £3 million advertising and promotional spend
- * over 10 million sample sachets, so babies can taste Milupa quality
- * over 5 million 10p off coupons

It also means providing a personal service to pharmacies, through our Milupa sales personnel.

Last year, we launched our biggest ever advertising campaign — "Little Experts" — which helped us maintain our annual growth rate of 25%.

This year, little experts will mean even bigger sales and profits. So stock up in a big way — right away.

milupa®

Milupa babyfoods. The one taste little experts agree on

To find out how our little experts can make you even bigger profits, please contact Graham Ford, Milupa Limited, Milupa House, Uxbridge Road, Hillingdon, Uxbridge, Middlesex UB10 0NE. Tel. 01-573 9966.

* Independent research data





Facing up to challenge

Those who can remember Graham Walker's life history will recall that late in 1985 he left his upmarket cosmetic pharmacy in Spalding, Lincolnshire, and took on the challenge of a larger, and largely unknown pharmacy, in Budleigh Salterton in Devon. What follows is an account of how he tried to put his old ideas into practice in a new environment.

Budleigh is a rather special town of 5,000 people, by the sea, with large Victorian houses set in well kept gardens. It's hardly surprising that a recent episode of "Miss Marple" was set here. The population largely consists of the retired upper middle class, with a significant military element. It's certainly been an unusual place to work and a delightful place to live. There is a gentility about the town which I have grown to enjoy.

So that is the market place within which I set about trying to re-establish the cosmetic business which had previously been virtually non-existent. The obvious upmarket range to aim for was Elizabeth Arden, with whom I had previously had an excellent relationship, but, I was in for a disappointment when I approached them. The first surprise I received was the level of turnover they would

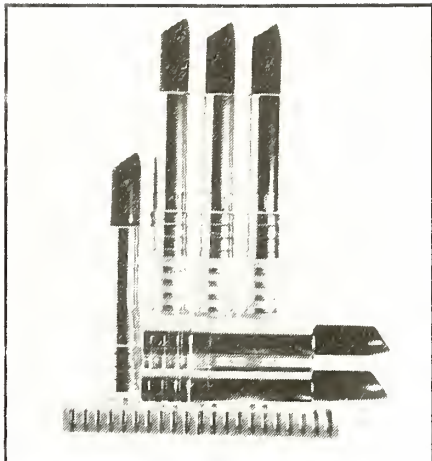
regard as necessary if an account was to be maintained. I can't remember the figure — which I don't believe was ever put in writing — I can only remember that it seemed almost prohibitive. Nevertheless I still persevered with my approaches as I regarded the account as critical to the long-term future of my business.

No Arden pardon

Local ladies wrote to the company in support of my new account but all to no avail! I received a letter regretting that they had decided not to proceed, as they already had accounts five miles and seven miles away. So it took months to get a refusal based on facts that were already known to the company when I applied. I've gone off Elizabeth Arden now!



We already had a Rubinstein account which was in a semi-moribund condition. We were, however, fortunate in having a keen area manager who has worked hard to help us get it off the ground again. He has organised special promotions — even supplied a demonstrator for a week — and balanced our stock sensibly. The only problem is that I feel the merchandise is getting a little too expensive for our elderly clientele; super quality, but just that little bit too dear. I think they have almost reached Lauder prices now. Incidentally, we did rather well with Barynia at Christmas, in spite of the fact that its name always reminds me of an Indian Restaurant.



On my middle to my uppers

We still needed a middle-to-upper-range of cosmetics and fragrance and for my money there was no contest; it had to be Revlon! Those who have read this article over the years will know that I have a love-hate relationship with this company. Last year I said that Revlon was getting its act together at last — a view I still hold. So in come Revlon and, you know, they are still the greatest in "lips and nails". I have been very happy with the products and all the backing which they have given us.

I suppose I ought to comment on the takeover of Max Factor by Revlon and its effect on the company. This is a highly sensitive area. I am not privy to any inside information and can only speculate that there must be sound logic behind the takeover. They both have production, administration and sales operations in the UK. I suggest that we shall see a steadily expanding degree of "togetherness" from the two companies over the years.

But, back to last year, Revlon did all I expected of them, including their annual error of predating my Christmas order invoice. If only other companies were as flexible and helpful, particularly with staff training, then my life would be a lot easier. One of the major surprises of the year was that Charlie was our top selling fragrance. And, when you bear in mind that 60 per cent of our population are over retirement age, then one has to draw strong conclusions about either Charlie or my perfumery business.

So what about Max Factor, the new acquisition? I still spend too many hours looking at their still almost incomprehensible statement.

It has always been simple to do business with Max Factor until it comes to the paperwork. Revlon spent years unravelling their administrative mess; now their invoices

and statements are simple and clear. (In case you are wondering, I am no longer in the employ of Revlon but am delighted to see some of the reforms which I recommended have been implemented. Back to Max Factor, who have been completely reorganised under relatively new management. Their products, with the exception of Colorfast, have sold well for me from a floor stand. The new Le Jardin fragrance variant did surprisingly well.

Yardley cosmetics were as predictable as usual, with loose powder being our top seller. Yardley fragrance has reached the point where it is becoming unwieldy. Some surgery is needed here, although the original soaps and talcs still sell remarkably well. As one would expect there is a lot of loyalty to Yardley from the older members of



our community . . . which brings me along the way to Rimmel.

We really do sell a suprisingly large amount. I have always argued that the stand is too big and the range too large, but the performance here is in making me eat my words. Long may it continue, as I do not wish to handle an additional budget brand.

Fragrantly speaking

You must be wondering about our fragrance business; well so am I! We stock a reasonable range from Yardley to Rubinstein, but it hardly moves except during the May to September season when our customer profile changes quite significantly. As previously mentioned, Charlie is our best seller, followed by Anais Anais and Vanderbilt, but I am finding it extremely difficult to get perfumery off the ground.

Similar comments apply to our mens' section. We are looking for better things now that we have rationalised, and are concentrating on Shulton, Yardley and Roger and Gallet. I just wish that Shulton could be a little more reliable with their deliveries to me.

Where to now? The past year has shown me that consolidation must be the name of the game. It's not a particularly exciting prospect, as we all enjoy new challenges, but common sense suggests that it's the correct approach to produce the bottom line net profit!

A year in cosmetics

March: Two very different perfumes are launched: Calvin Klein's Obsession and Lauder's Beautiful. Elizabeth Arden introduce Simply Perfect mousse make-up, bringing the substance that has revolutionised haircare to cosmetics.

April: Elida Gibbs launch Audace, designed to offer the chic of French fragrance without the hefty price tag. Parfums Michael Le Fort catch the prevailing royal wedding fever and bring out Fergie, and Worth introduce Dans la Nuit.

May: Matchabelli launch Pastale into the fragrance middle market. Houbigant add a bath range to the Lutece fragrance. Revlon buy Max Factor.

June: Roger & Gallet launch Open for men. Christian Dior follow Cutex's Polishing Pen with Clip Coleurs, nail polish in a felt tip applicator.

July: Helena Rubinstein adapt the felt tip technique for eyes with Perfect Liner. Lenthéric launch Hallmark for men.

August: Givenchy bring out Xeryus, a partner for Ysatis. Rimmel segment their cosmetics business for the first time with the launch of Ultra Colour. Yardley relaunch Chique.

September: Bath lines for Chanel's Coco and Dior's Poison. Shulton try for a firmer grasp of fine fragrances with the relaunch of Grey Flannel. A new company, Esterlac, enters the market with the Jean D'Estree and Lierac ranges. Charles Jourdan launch L'Insolent.

October: Max Factor introduce Le Jardin d'Amour, a night-time and special occasion partner for Le Jardin.

November: More felt tips for eyes with Kanebo's Quickliner. Hermes launch Belami, and Lauder bring out Lauder for Men. Rimmel expand Ultra Colour's shade and product range. Charles of Ritz sold to Revlon.

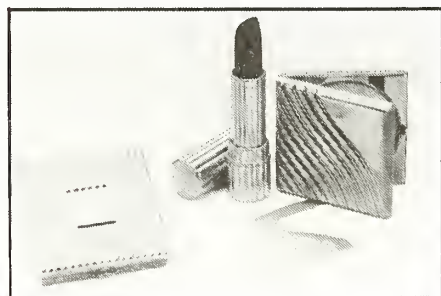
December: Unilever buy Cheseborough-Pond's.

1987

January: Max Factor relaunch Swedish Formula. Natural cosmetics specialist Yves Rocher relaunch their direct marketing operation, possibly in a bid to emulate the success of the Body Shop. The Benetton fashion franchise set up a cosmetic company, to produce a fragrance and later a range of colour cosmetics.

February: Coloursport from Cosmatrix rolls out nationally.

March: Calvin Klein's Obsession extends to the body. Elizabeth Arden go for mousse again, this time for blusher. Network Management bring Boss to the UK.





SUMMER-TIME MAGIC

There is no need for hay fever to spoil the magic of Summer. Proven over many years, Piriton (Chlorpheniramine Maleate BP) is now available in a new blister pack of small, easy-to-swallow tablets for your recommendation.

Piriton is made by Allen & Hanburys and has an established reputation for effective therapy, trusted by professionals and remembered by name by the public.

Hay fever need not spoil the magic of Summer.



PIRITON

Low Priced Professional Hay Fever Treatment



Allen & Hanburys Limited, Greenford, Middlesex UB6 0HB. Piriton is a trade mark.



Aeropax (International) Ltd trading as Stephar BV

4259/0208	Lioresal	Baclofen 10mg
4259/0034	Indocid 100mg suppositories	Indomethacin 100mg
4259/0024	Trandate 100mg	Labetalol hydrochloride 100mg
4259/0025	Trandate 200mg	Labetalol hydrochloride 200mg

Alan Pharmaceuticals Ltd

5401/0119	Indocid suppositories	Indomethacin 100mg
5401/0085	Salazopyrin EN	Sulphasalazine 500mg

API (Suppliers) Ltd

5848/0022	Canesten 0.1g vaginal tablets	Clotrimazole 100mg
5848/0349	Feldene 10mg capsules	Piroxicam 10mg
5848/0350	Indocide Retard 75mg capsules	Indomethacin BP 75mg
5848/0164	Nuelin Retard 250mg tablets	Theophylline 250mg
5848/0181	Voltarene 25 tablets	Diclofenac sodium 25mg
5848/0348	Zantac 150mg tablets	Ranitidine hydrochloride 168mg (= 150mg Base)

Cloakstyle Ltd

5871/0031	Proviron	Mesterolone 25mg
5871/0019	Ventolin inhaler	Salbutamol micronise 1.176mg

Copeairn Ltd

5283/0100	Locoid ointment	Hydrocortisone 17 butyrate 1% w/w
5283/0039	Salazopyrine EC	Sulphasalazine 500mg
5283/0099	Zyloric 100mg tablets	Allopurinol 100mg

De Louis Medical

6735/0010	Adalate R 20mg LP	Nifedipine 20mg
6735/0011	Adalat capsules 10mg	Nifedipine 10mg
6735/0026	Adalat AR tablets 20mg	Nifedipine 20mg
6735/0027	Adalate capsules 10mg	Nifedipine 10mg
6735/0003	Capoten tablets 50mg	Captopril 50mg
6735/0004	Feldene capsules 10mg	Piroxicam 10mg
6735/0001	Halcion 0.25mg tablets	Triazolam 0.25mg
6735/0007	Voltarene a Liberation Prolongee	Diclofenac sodium 100mg
6735/0012	Zyloric 300mg tablets	Allopurinol 300mg
6735/0013	Zyloric tablets 100mg	Allopurinol 100mg

Dowelhurst Ltd

5662/0092	Nuelim	Theophylline BP 125mg
5662/0112	Zantac 150mg tablets	Ranitidine hydrochloride 168mg (= 150mg Base)

Discount Pharmaceuticals Ltd

8223/0019	Indocid 25mg capsules	Indomethacin 25mg
8223/0008	Lioresal 10mg tablets	Baclofen 10mg
8223/0012	Imodium 2mg capsules	Loperamide hydrochloride 2mg
8223/0022	Imuran tablets	Azathioprine BP 50mg
8223/0014	Prothiaden 75mg tablets	Dothiepin hydrochloride 75mg
8223/0007	Stromba 5mg tablets	Stanazolol 5mg
8223/0015	Zyloric 300mg tablets	Allopurinol 300mg
8223/0016	Zyloric tablets 100mg	Allopurinol 100mg

Eurimpharm Ltd

6679/0034	Feldene 20mg capsules	Piroxicam 20mg
6679/0035	Moducron tablets	Hydrochlorothiazide 25mg
		timolol maleate 10mg
		amiloride hydrochloride 2.5mg

PL(PI) update

The following PL(PI)s have been notified to C&D since the *Parallel Importing* feature last June.

6679/0033	Trasicor 80mg tablets	Oxprenolol hydrochloride 80mg
6679/0036	Zantac 150mg	Ranitidine hydrochloride 168mg (= 150mg base)

Exmir Ltd

8038/0013	Minipress 1mg	Prazosin hydrochloride 1.095mg (= 1mg base)
8038/0014	Minipress 2mg	Prazosin hydrochloride 2.19mg = 2mg base
8038/0015	Minipress	Prazosin hydrochloride 5.48mg = 5mg base

Global Pharmaceuticals Ltd

PL/0576/0035	Nolvadex 10mg	Tamoxifen citrate 15.2mg = 10mg base
PL/5283/0037	Froben 50mg tablet	Flurbiprofen 50mg

IMG (Wholesale) Ltd

6926/0016	Feldene 20mg	Piroxicam 20mg
6926/0009	Indocid 25mg capsules	Indomethacin 25mg
6926/0012	Praxilene 100mg	Naftidrofuryl oxalate 100mg
6926/0007	Zantac 150mg tablets	Ranitidine hydrochloride 168mg (= 150mg base)

Interport Ltd

6176/0078	Acupan	Netopam hydrochloride 30mg
6176/0093	Adalat Retard 20mg	Nifedipine 20mg
6176/0094	Adalat AR 20mg	Nifedipine 20mg
6176/0072	Aldomet 250mg	Methyldopa anhydrous 283mg (= 250mg base)
6176/0102	Allegron 25mg	Nortriptyline hydrochloride 25mg
6176/0080	Androcur 50mg	Cyproterone acetate 50mg
6176/0066	Blocadren 10mg	Timolol maleate S-enantiomer 10mg
6176/0089	Capoten 50mg	Captopril 50mg
6176/0063	Cinopal 300mg	Fenbuten 300mg
6176/0055	Clinoril forte	Sulindac 200mg
6176/0071	Danatrol 200mg	Danazol 200mg
6176/0075	Dolobis 250mg	Diflunisal 250mg
6176/0046	Esbatal 10mg	Bethanidine sulphate BP 10mg
6176/0033	Gastrozepine	Pirenzepine dihydrochloride 50mg
6176/0029	Halcion 0.25mg	Triazolam 0.25mg
6176/0034	Hydergine 1.5mg	Co-degocrine mesylate 1.5mg
6176/0035	Hydergine 4.5mg	Co-degocrine mesylate 4.5mg
6176/0092	Imodium	Loperamide hydrochloride 2mg
6176/0096	Imuran 50mg	Azathioprine BP 50mg
6176/0081	Kemadrine	Procyclidine hydrochloride 5mg
6176/0059	Prothiaden 75mg	Dothiepin hydrochloride 75mg
6176/0079	Proviron	Mesterolone 25mg
6176/0061	Rivotril	Clonazepam 2mg
6176/0051	Sinemet 100	Carbidopa monohydrate 10.8mg (= 10mg base)
6176/0026	Stromba	levodopa 100mg
6176/0018	Un-Alfa 1mcg	Alfacalcidol 1mcg
6176/0024	Voltaren 25mg	Diclofenac sodium 25mg

6176/0016	Voltarene a Liberation Prolongee 100mg	Diclofenac sodium 100mg
6176/0025	Voltaren Retard 100mg	Diclofenac sodium 100mg
6176/0027	Zarontin 250mg	Ethosuximide 250mg

Linkline Pharmaceuticals Ltd

6968/0009	Lioresal 10mg tablet	Baclofen 10mg
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Martonland Ltd, trading as Martons Pharmaceuticals

5571/0102	Adalat 10mg	Nifedipine 10mg
5571/0103	Alrhumat 50mg	Ketoprofen 50mg
5571/0104	Clamoxyl 250mg	Amoxycillin trihydrate = amoxycillin BP 250mg
5571/0109	Danatrol 100mg	Danazol 100mg
5571/0139	Feldene 200mg	Piroxicam 20mg
5571/0112	Froben 50mg	Flurbiprofen 50mg
5571/0115	Gastrozepine	Pirenzepine dihydrochloride = 50mg anhydrous pirenzepine
5571/0116	Halcion 0.25mg	Triazolam 0.25mg
5571/0117	Hydergine	Co-degocrine mesylate 1.5mg
5571/0154	One-Alpha	Allacalcidol 1mcg
5771/0155	Orap	Pimozide 4mg
5571/0160	Primolut N	Norethisterone 5mg
5571/0126	Seprin	Trimethoprim BP 80mg, sulphamethoxazole BP 400mg
5571/0124	Vermox	Mebendazole 100mg
5571/0170	Voltaren 25mg	Diclofenac sodium 25mg
5571/0045	Zaditen 1mg	Ketotifen hydrogen fumarate 1.38mg

Munro Wholesale Medical Supplies Ltd

3243/0110	Surgam tabs 300mg	Tiaprofenic acid 300mg
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Pharmaceuticals International (UK)

5351/0057	Alrhumat 50mg capsules	Ketoprofen 50mg
5351/0052	Alupent 20mg tablet	Orciprenaline sulphate 200mg
5351/0053	Baycaron 25mg tablet	Timolol maleate 10mg
5351/0058	Blocadren 10mg	Flurbiprofen 50mg
5351/0038	Clinoril 100mg	Sulindac 100mg
5351/0043	Clinoril forte	Sulindac 200mg
5351/0059	Danatrol 200mg capsules	Danazol 200mg
5351/0047	Froben 100mg tablets	Flurbiprofen 100mg
5351/0017	Voltarene 25	Diclofenac sodium 25mg

MK Shah Pharmacy

5036/0108	Allegron 25mg	Nortriptyline hydrochloride 25mg
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Spectrum Marketing

3787/0061	Septrin tablets	Sulphamethoxazole 400mg trimethoprim BP 80mg
3787/0056	Zantac 150mg	Ranitidine hydrochloride 168mg (= 150mg base)

Whitworth Pharmaceuticals

4423/0020	Ledertin	Fenbuten 300mg
4423/0113	Opticrom eye drops	Sodium cromoglycate 2.0% w/v disodium edetate 0.1% w/v benzalkonium chloride 0.01% w/v



The family
medicine
range

Panerel

NEW PACK ANNOUNCEMENT



Now available in new packaging
pain relief tablets — branded PANEREL
(Paracetamol B.P., caffeine citrate B.P.C.
codeine phosphate B.P.)

The new packaging and branding
as Panerel will increase customer
awareness and demand for this
well known analgesic from Cox.

Panerel is blister packed in
cartons of 12, 24 and 48 tablets.

For a fast efficient and free
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Cox Link 0800 373 573 or see
your local Cox Representative.



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Whiddon Valley,
Barnstaple,
Devon EX32 8NS.



Dial free on the Cox Link 0800 373 573

Somewhere bel



With 32% market share Andrex already outsells its nearest competitor by more than two to one. So it should come as no surprise that the 1986 volume increase was more than twice that of its rivals.

and come the rest.



Andrex
FROM THE BIGGEST NAME IN TISSUE
SCOTT

100% POR

(FREE-SIX BOTTLES OF BABY LOTION-YOUR INTRODUCTION TO FAMILY CHOICE)



Elasticated Nappies

BOOKER

CASH & CARRY

Family Choice
Quite simply
a good buy

The Family Choice Baby Range has an average POR of at least 30% – one of the ways we're helping Independents fight back against the major multiples. And in a growing market currently worth £70 million, that means bigger margins and better business for you.

To introduce new customers to our unbeatable value, we're offering a free case of Family Choice baby lotion. So if you want guaranteed margins and happy customers, clip the coupon and call at your local Booker Cash and Carry today.

NSAIDs and the elderly: inherent sensitivity?

The elderly — especially older women — receive a disproportionate share of prescriptions for NSAIDs. The incidence of death in the UK caused by NSAID-induced gastrointestinal haemorrhage is estimated at 200 a year, and it has been shown that NSAIDs are a major cause of bleeding from peptic ulcers in patients over 60. The elderly are therefore particularly at risk from these drugs, but it is unclear what makes them so susceptible. In a recent review, it has been concluded that, among the many factors which probably predispose to toxicity, changes in the disposition of NSAIDs cannot account for the increased risk.

Several important changes occur with age. Alterations in the proportion of fat to muscle can change the distribution of a drug, renal function declines gradually, and the hepatic elimination of some drugs is reduced. Although these changes are

important, many other variables can influence drug clearance, including genetic factors, nutritional status, disease, smoking, and caffeine and alcohol consumption. There is therefore a considerable variation between individuals in their capacity to detoxify and excrete drugs. This variability probably obscures the small changes in drug disposition that are due solely to age. Only clinically minor changes have been identified in most direct comparisons of the pharmacokinetics of NSAIDs in the young and the elderly. For example, the half-life of ibuprofen is 2.4 hours in the elderly and 1.9 hours in younger patients — not a big enough increase to cause accumulation. By contrast, the half-life of benoxaprofen was found to increase 3 to 5 fold in the elderly, and this probably accounted for much of the increased toxicity that led to the drug's withdrawal. The drug which has recently



received most attention is piroxicam, which was alleged by the American Health Research Group to be more toxic in the elderly. In fact, there seem to be no important changes in the disposition of this drug with age.

It is therefore likely that the elderly are inherently more sensitive than young people to the toxicity of NSAIDs, rather than effectively being exposed to greater concentrations of these drugs through pharmacokinetic changes. The remedial action is the same, however, irrespective of cause: cautious prescribing and great care with the dose.

Ipecac in doubt?

The value of ipecacuanha in the management of poisoning was recently questioned by some of Britain's leading clinical toxicologists. There was no evidence, they said, that vomiting induced by ipecacuanha resulted in the expulsion of significant quantities of poison after an overdose. This view is important, because it has long been accepted that a fundamental aim of treating overdose is to remove as much of the toxin as possible before it is absorbed. There has even been a sustained and successful campaign in the USA to persuade householders to keep syrup of ipecacuanha in the medicine cupboard.

If, however, ipecacuanha is of no value, there are two alternatives. One is gastric lavage, perhaps a more thorough procedure, but this cannot easily be performed in young children, and is in any case a traumatic procedure. The second alternative is activated charcoal, which absorbs some drugs, keeping them within the gastrointestinal tract and preventing their systemic absorption. However, a recent case has highlighted one of the problems of this method of treatment.

A man who had attempted suicide by ingesting 21g of amitriptyline, and 25g of chlorpromazine, was given 300g of activated

charcoal (Carbomix) over 36 hours. Over the next ten days he developed constipation, which proved resistant to both Dorbanex and Picolax. Ultimately, he underwent a manual evacuation under general anaesthesia, and a 3/4 lb "briquette" of charcoal and drugs was removed. It was

suggested that the effects of amitriptyline on the gut had exacerbated the constipating effects of the charcoal. A second formulation of charcoal — Medicoal — causes diarrhoea, and the alternative use of these products may therefore have prevented this particular complication.

Watch out for the tick!

Lyme disease is an infection by spirochetes which is transmitted by the bite of a tick. It is endemic in some parts of the USA, where walkers are advised to conduct periodic 'tick checks' to avoid being bitten. The symptoms usually start within several weeks of the bite, with a widespread rash or neurological illness, but in some cases their onset may be delayed for several years. The long-term complications of Lyme disease that have been reported in America — but apparently not as yet in Europe — include heart disease in 8 per cent and arthritis in 60 per cent of victims. It is now apparent that Lyme disease is established in the UK and, if the American experience is any indication — it could spread relentlessly.

Most of the positive cases in Britain have

occurred in the South, especially in forested land where deer are present. These animals act as amplifiers of the disease, allowing the ticks to reproduce and be spread by birds and small mammals. The tick harbours the spirochete in its gut, and this passes into the host's blood during the bite. The micro-organism undoubtedly causes the early symptoms of the disease, but it is unclear whether this, or an abnormal immune response, causes the chronic complications.

The treatment of Lyme disease is fortunately straightforward. A ten-day course of tetracycline, penicillin or erythromycin early in the disease stops its progression. We are likely to see more cases in the UK this Summer, and a prompt diagnosis will be important.

Four newcomers

Four new drugs have recently been marketed, three of which are refreshingly novel compounds that offer an advance on the established alternatives.

Fluvoxamine (Faverin) is an antidepressant which, unlike the tricyclics, is a highly specific inhibitor of 5-HT re-uptake. Most older antidepressants affect both central noradrenergic and 5-HT systems, and vary in their selectivity. Clomipramine, for example, is relatively selective for 5-HT, whereas desipramine acts predominantly on noradrenaline. Some of the more recently introduced antidepressants have shown increasing activity on 5-HT — mianserin, trazodone and zimeldine are three examples — and in practice they cause a lower incidence of the anticholinergic effects that prove troublesome with the tricyclics.

Fluvoxamine seems to be the most selective drug so far in its actions on 5-HT. In comparative clinical trials it was as effective as imipramine and clomipramine, but therapeutic comparisons with the newer antidepressants have not yet been published. In the laboratory, however, fluvoxamine caused less sedation than mianserin in healthy subjects. Like other drugs of its type, fluvoxamine is associated with a much lower incidence of dry mouth, blurred vision and other anticholinergic effects, but about a third of patients suffer nausea or vomiting. This is said to diminish with time, but nonetheless it presents an unwelcome obstacle to satisfactory treatment. If the initial experiences with fluvoxamine are indications of its safety and efficacy the drug represents a promising addition to the present formulary.

Two antibiotics are now available which represent the introduction of novel and important chemical groups to the market place. **Aztreonam** (Azactam), the first of the monobactams to be launched, is derived from the beta-lactam nucleus of the penicillins and cephalosporins, but the structural differences have conferred on it an unusual antibacterial spectrum of activity. The drug will probably be reserved for serious infections in hospitalised patients.

Aztreonam combines the safety of the penicillins with the spectrum of activity of the aminoglycosides. It will be useful in treating infection by organisms which are resistant to penicillins because they produce enzymes which break down the beta-lactam nucleus, and also in patients for whom the risk of kidney damage and deafness caused by drugs such as gentamicin is unacceptable. It can also be used in patients who are allergic to the penicillins.

Ciprofloxacin is a derivative of nalidixic

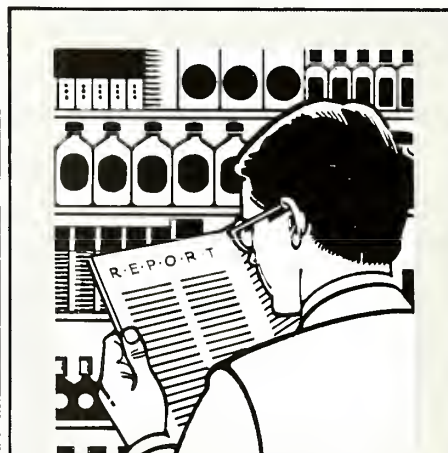
acid, but has a greatly extended spectrum of activity and a much better safety record. This group of drugs, the 4-quinolones, act differently from other antibiotics by inhibiting DNA gyrase, an enzyme involved in DNA synthesis. Resistance to ciprofloxacin is not transmitted by plasmids — the "packets" which carry genetic information about antibiotic resistance — and it is therefore possible that resistance will develop more slowly than with other antibiotics. Clinical trials have confirmed that ciprofloxacin is effective in a range of bacterial infections, although some problem organisms such as *Bacteriodes fragilis* remain stubbornly resistant.

Adverse effects reported to date are minor. Ciprofloxacin has been shown to cause damage to joints in young animals, and for this reason it is contraindicated in young children and adolescents unless alternative drugs are unsuitable. However, no such effects have yet been seen in man. Ciprofloxacin may increase serum theophylline levels — an important interaction when the drug will be given to people with respiratory disease.

Unlike aztreonam, ciprofloxacin is active by mouth, and is effective in a convenient twice-daily dose. It is therefore likely to prove popular in general practice. It should, however, be used with restraint. It is relatively expensive, and overuse will inevitably increase the spread of resistance to a promising new range of drugs.

Nabumetone is a new anti-inflammatory drug (NSAID) which, like fenbufen, is inactive until metabolised in the liver. The active metabolite bears a close resemblance to naproxen, and clinical trials have shown the two drugs to be similar in efficacy and safety. However, examination of the stomach by endoscopy after several months' treatment suggests that nabumetone may cause less damage than naproxen to the gastric mucosa. This difference in safety — which has not been obvious in clinical trials — would be a major advantage if substantiated after wider therapeutic use. Other comparative trials indicate that nabumetone is better tolerated than aspirin or indomethacin, and as effective as other established NSAIDs.

As with other NSAIDs — a group of drugs known to be among the most toxic in widespread use — judgement must be suspended until experience is gained in several thousand patients. Nabumetone is probably third or fourth choice for most patients, for use when alternatives such as ibuprofen, naproxen and piroxicam have been found unsatisfactory.



Topics in Treatment is a regular series by Stephen Chaplin, MPS, staff pharmacist, Regional Drug Information Unit, Wolfson Unit of Clinical Pharmacology, Newcastle-upon-Tyne, looking at current developments in prescription medicines.

A list of references used in the preparation of this article is available from the Editor.

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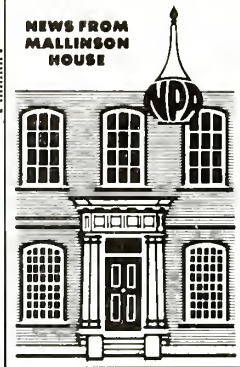
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Please ask your representative to ring me ☐
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Address: _____
Telephone Number: _____
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Cambridge CB4 4FL.



COMING UP TRUMPS IN THE CLAIMS GAME

Most insured individuals or firms would be delighted to hear that the manager of their insurer believed his *raison d'être* was to pay out claims cheques pdq! Well, pharmacists who deal with Pharmacy Mutual Insurance, can expect just such a service from manager John Hart. "We're only as good as our claims service," he says, confident that PMI's computerised, personalised and competitive cover can satisfy. In this C&D interview we examine the development of this service since its introduction back in 1923.

PHARMACOVER

THE PHARMACY MUTUAL INSURANCE COMPANY LIMITED

WHY PHARMACY MUTUAL?

PMI is your insurance company; a mutual insurance company which is wholly owned by its member pharmacists.

Our record of service for over sixty years demonstrates that we have your interests at heart.

The computerization of our office procedures has enabled us to provide an even better service, first with the introduction of our range of Home policies and now PHARMACOVER.

Both have been designed for pharmacists and are so unbeatable for the security that they are "unbeatable" for the cover they provide at the rate of premiums.

WHY PHARMACOVER?

Because it has been designed exclusively for the community pharmacist of today and the future.

By offering a choice of: cover claims settling index linking

and incorporating an exceptionally wide basic cover, including risks not previously covered under a business insurance policy, for shoplifting, landslip subsidence and the unique "Free Renewal".

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PROPOSAL FORM FOR PHARMACOVER POLICY

This form should be read in conjunction with the prospectus.

It is essential when completing this proposal form to disclose all material facts, these being facts which insurers might regard as likely to influence the acceptance and assessment of the proposal, as well as of such facts which can invalidate the insurance.

If you are in any doubt about facts considered material these should be disclosed.

Please complete all details in BLOCK LETTERS.

FULL NAME

ADDRESS OF PREMISES TO BE INSURED

Postcode Telephone No.

ADDRESS FOR ALL CORRESPONDENCE

(if different from above)

Postcode Telephone No.

NATURE OF BUSINESS CARRIED ON

INSURANCE REQUIRED FROM

WHERE COVER IS REQUIRED UNDER SECTION 1, BUILDINGS, THE SAME BASIS OF CLAIMS SETTLEMENT WILL AUTOMATICALLY APPLY UNDER SECTION 2 (TRADE C)

SECTION 1: BUILDINGS

1. Please tick ☒ type of cover required.

Where 'All Risks' cover has been chosen, claims settlement will automatically be on 'Replacement' basis (New for Old).

2. If 'Specified Perils only' cover has been chosen, please tick ☐ basis of claims settlement required.

Specified Perils

☐

Replacement

☐

In its early years under the guiding hand of founder Bill Clark, the then Chemists' Mutual grew relatively slowly, concentrating on insuring single business "perils" in separate policies and giving some "hearth and home" cover from its first base in Queen's Square, London. In 1959 annual premium income was £85,391, breaking £100,000 in 1962, and topping £146,084 when the company moved to Southgate with the then National Pharmaceutical Union in 1966. By the time the move to St Albans had been accomplished in 1978, premiums stood at £810,145; last year that figure had reached £2.6m.

Staff levels have fluctuated over the years. When John Hart joined as an office junior in 1959 (see p511) there were ten personnel. The number had risen to 16 by the time of the move to St Albans, increasing to around 20 when "computerisation" was in full flight, and falling back to the present level of 13 now that the major changes heralded by the green screen revolution are largely in place. A full complement comprises manager, underwriters, claims negotiators, motor and account clerks with audio, and copy typists now using word processing facilities.

In addition to its own business and home insurance PMI acts as an agent for pharmacists wishing to take out a variety of other policies through companies with long established and proven track records known to the company. The PMI can arrange pensions and life assurance, as well as marine, car and travel insurance through such companies, passing on to members all but the portion of its agents fees necessary to cover costs. "Our own policies are our bread and butter," John Hart explains.

The benefits of the computer have been well utilised by PMI staff and passed on to members. The opportunity to computerise came after the move to the Home Counties but first John Hart settled down to rewrite the existing household policies with the aim of index-linking the risks insured. With the new policy to hand management consultants Peat Marwick advised on implementation and on hardware and software companies. In the end PMI's bespoke package for insurance was delivered by just one company, General Computer Services Ltd, and introduced in 1983.

Until then John Hart says PMI had not done any major selling of PMI insurance. "Business came our way by word of mouth based on our good reputation among pharmacists. Also we usually had better market rates as confirmed in *Which* in 1986 (C&D, September 6, 1986), and free renewal every sixth year when no claims are made in the preceding five years. "There was no advertising and the company relied on the business just coming in.

Continued on p511

Chemist & Druggist 21 March 1987

A ballpoint is called a Biro. A vacuum cleaner a Hoover.

Predictor have more experience of home pregnancy tests than anyone in the world.

After all, it was we who first developed them.
And why people talk of 'predictor tests'.

But we didn't stop there.

And from years of research and development, we've just made another breakthrough.

New Predictor is, without doubt, the easiest home pregnancy test on the market.

A dipstick test refined to its simplest.

It's quick. It gives a totally obvious result.
And it's astonishingly easy to use.

Keep it in stock and you'll see nothing but positive results.

Because with a national advertising campaign supporting it, it's the one your customers will be asking for.

Guess what people call a home pregnancy test?



Predictor. The simplest way to be sure.

HOW MUCH DO YOU KNOW ABOUT FAMILY HEALTH?

FAMILY



HEALTH



What range of products provides all the family's day to day remedies and is used for a whole variety of minor ailments?



Which comprehensive counter medicine range features an attractive pack with its own distinctive 'family' symbol?



Which range is very profitable for you and comes with permanent discounts as well as seasonal promotions?



Which range is appearing in dominant spaces in the popular Women's Press?



So, which range will your customers be asking for by name?



Family Health.



Who supplies the Family Health range?



Vestric Ltd, Hills Pharmaceuticals Ltd, Mawson & Proctor Pharmaceuticals Ltd, Herbert Ferryman Ltd, Northern Pharmaceuticals Ltd.

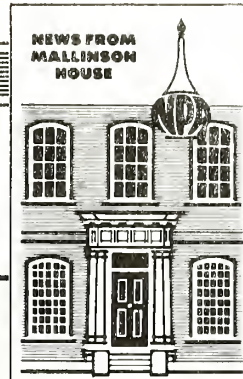
**WHEN YOUR CUSTOMERS ASK,
BE READY WITH THE ANSWERS.**

Please contact your local AAH wholesaler for range and price list.



NATIONAL CONSUMER WOMEN'S PRESS ADVERTISING CAMPAIGN
FULL PAGE COLOUR AND MONO ADS. APPEARING FEB-JUNE IN PRIMA, WOMAN & HOME,
GOOD HOUSEKEEPING, WOMAN'S WEEKLY, TV TIMES, FAMILY CIRCLE.





The new home policy was introduced in January 1983 and went live on computer at the same time. Renewals went on line two months previously but manual records of all dealings were kept as well in year one. It had taken John Hart and his team two-and-half years to set up the computer system, burning much midnight oil in the process.

The new system has enabled John Hart to write better personal contracts for members, to index link them, and to manage them more effectively day-to-day. The number of home policy holders has increased by 40 per cent since 1983 with nearly 60 per cent of independent retail pharmacists now insured.

John Hart's team has spent most of 1986 quietly introducing a much improved shop insurance package, Pharmacover, and for good measure, putting it on computer. However, the early improvement to shop insurance with the PMI took place in 1975 when the earlier individual perils of glass, sign, fire etc, were combined in one Shop Policy. This brought economies of scale which resulted in PMI having to find a mechanism to disburse excess profits. Initially this was done by cheque, before the concept of giving a free year's cover on business policies every sixth year was introduced in 1975. Premiums were increased only once — in 1979 when pharmacy drug break-ins peaked.

All risks — all hours

Pharmacover has gone many stages further: without formal advertising the number of shop policies has gone up by 6 per cent. So have the number of claims, but this could just be the insured taking advantage of the extended cover, John Hart says. The new policy is "all risks" against the 1975 Shop Policy's individual "perils" cover. It is the only shop policy on the market to give shoplifting cover and unlimited insurance for painted artwork on glass windows. Loss of profit cover has been doubled to two years with "denial of access" now an additional factor along with loss of "public services". Cash sums assured have gone up and automatic cover for goods in transit, book debts, failure of public utilities, personal accident and assault cover introduced.

Additionally there is now a tiered rating structure that takes account of the location, stockholding and physical security arrangements from business to business. All in all John Hart is confident that new business will follow this latest improvement in service. No doubt there are plenty of pharmacists out there just waiting to take him up on his offer of paying out claims promptly.

But just in case any honest pharmacist should be tempted by such generosity, John Hart and his staff have a "nose" for hanky panky. The pharmacist who insured his house contents for just three times the value

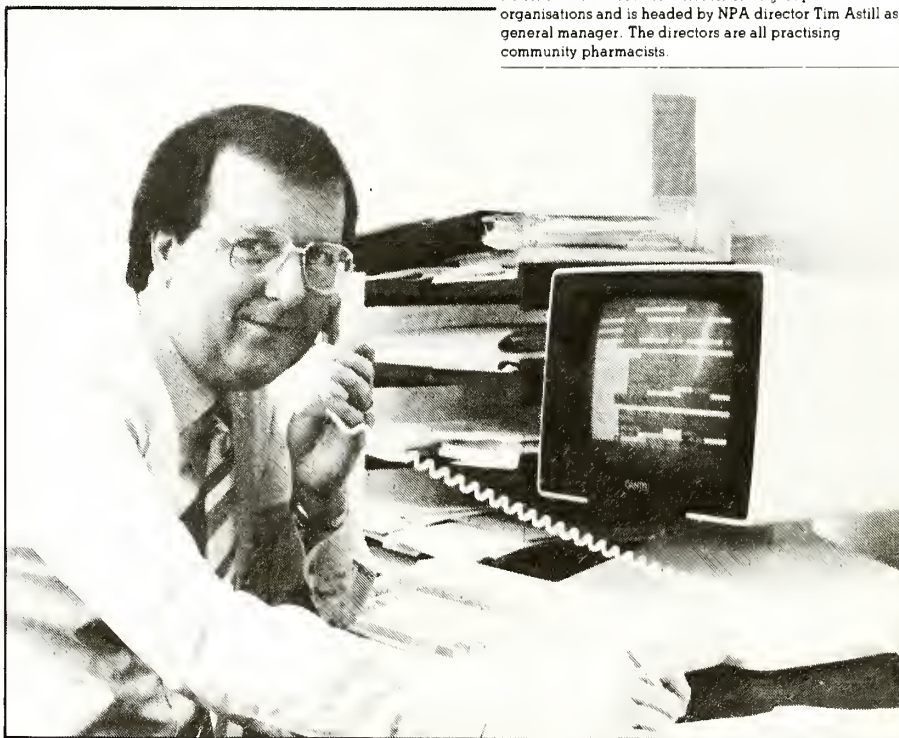
Chemist & Druggist 21 March 1987

One of Romfords finest...

Snooker players are not the only good thing to come out of Romford along with the best of bitter; flat green bowlers, too, grace the Borough, though even they can be tempted away by big money and the City! John Hart, now manager of the Pharmacy Mutual Insurance Company Ltd, joined the then Chemists' Mutual in its original offices in Queen's Square, London 1968 back in 1959, as office junior commuting daily into Liverpool Street from darkest Essex. He joined straight from school, prompted by an advertisement in the *Evening Standard*, after banking, his first career choice, had failed to deliver. John was "induced" rather painfully by the founder of the insurance company, one Bill Clark, who was a most particular man. One week of instruction on renewals and two weeks on endorsements and "no

passes", was the order of the day. Endorsement junior John Hart took to study at night school and became an Associate of the Chartered Insurance Institute in 1968 specialising in fire insurance. John gave up on the bowls to concentrate on the family, and on moving inexorably upwards through PMI, taking on more responsibility till he was appointed manager on the move from Southgate to St Albans in July 1978. Having survived that transition, and succeeded in getting most of day to day insurance transactions on computer, John is back at the bowls again, into DIY, not forgetting the family. However, a quick telephone call to PMI will find John Hart poised in front of the "green screen" ready, willing and able to do the thing he is best at — insuring pharmacists...

The Pharmacy Mutual Insurance Company is part of the National Pharmaceutical Association's group of organisations and is headed by NPA director Tim Astill as general manager. The directors are all practising community pharmacists.



of the jewels and cash stolen from his wife's handbag is likely to have his claim challenged. That fate certainly befell the pharmacist who was careless enough to drive off leaving £4,000 cash on the pavement in his brief case!

The PMI is also likely to repudiate a claim if the policy holder has not complied with the terms of the policy and there are suspicious circumstances surrounding a loss. The shop burgled of 90 per cent of its

stock by thieves gaining entry and exit through a small back skylight, had its claim repudiated when the owners were found not to have installed the protective measures required by PMI: the business was also known to be in serious financial trouble.

If some other insurance company hadn't used the copy line in its advertisements "We don't make a drama out of a crisis", then PMI could doubtless have claimed the legend as its own.

"Mosquitoes hate us"

100ml aerosol
£19.20 (12)
RRP £2.99



50ml bottle
£15.96 (12)
RRP £2.45



35g gel
£9.36 (12)
RRP £1.49

But with minimum 38% profit on return, you'll love us!

- * Pharmacy-only products
- * National Press consumer advertising support
- * Fully available through UNICHEM, VESTRIC, & all NUMARK wholesalers, with frequent special offers.

Jungle Formula



This is the first of a new series from pharmacists Dr Robert Parfitt, and his wife Judith. Dr Parfitt is now deputy vice-chancellor (research) at the University of Western Australia and his wife is a hospital pharmacist.

Here they look at a recent problem with generics.

Problems with generics surface Down Under...

Towards the end of January this year the Australian Minister for Health, Dr Neil Blewett, acting on advice from the Australian Drug Evaluation Committee (ADEC), advised doctors not to prescribe 33 generic products* to new patients because of doubts about bioavailability data.

The products were from two of Australia's leading generic pharmaceutical manufacturers, Protea Pharmaceuticals Pty Ltd, and Alphapharm Pty Ltd. A South African laboratory, Gestalt Investments Pty Ltd, produced the bioavailability results used by the Australian manufacturers in support of their application for a product licence. Because the Department of Health had reservations about the Gestalt data it engaged consultants to re-evaluate it. The outcome was that "many deficiencies" were found in the South African work, and that bioequivalence of the products was in doubt. The manufacturers were given 12 months to produce satisfactory bioequivalence data or the products would be withdrawn.

The prescribing advice was qualified by a statement that patients stabilised on these drugs should be monitored. As John Bell, president of the Pharmaceutical Society of Australia, commented: "It would seem more prudent and logical to stabilise patients on similar drug products with known bioavailability."

John Bell's view has been echoed in the editorials of two of Australia's national leading newspapers. *The Australian* (January 29), carried the comment: "Dr Blewett's department should take these drugs off the market at once, until relevant tests have been properly performed and their safety has been proved by these procedures." *The Canberra Times* (February 2), headed its editorial "Unacceptable Doubts".

The action of the Minister is, to say the least, unusual. After all, if there are serious doubts about bioavailability the public might well ask why the products are not withdrawn.

Clearly the Australian Government is embarrassed by this episode. It is they who have been trying to force down health service costs by encouraging the widespread use of generics. In fact public hospitals, other than under exceptional circumstances, are obliged to use Government contracted generics. Protea and Alphapharm have been two companies in the vanguard of generic manufacture and their record is one of success. The drugs in question might well be bioequivalent to proprietary brands and most of them have been used, apparently, without adverse effects for many years.

Purity levels

Following the Minister's restriction order *The Canberra Times* (February 3) revealed that in 1981, during random sampling of pharmaceutical products, Department of Health analysts found a 40 per cent impurity level in propantheline bromide, one of Protea's products which has not appeared on the Governments' current restricted list. The major impurity was 9-hydroxypropantheline.

A company spokesman was reported as saying: "These things happen from time to time . . . (the impurity) only reduces the efficacy. That's all." How could a company miss a 40 per cent impurity level? In 1981 the 1980 BP was probably not yet in use throughout Australia but that should not have mattered. Propantheline is subject to a non-specific titrimetric assay, but as in all of its monographs the BP insists that the assay alone is insufficient to establish quality. Other tests in the monograph, together with the assay, are designed to do that. So, if those additional tests were performed, what

did they show?

Australia relies heavily on imported bulk pharmaceuticals and there are legal controls on imports of drug raw materials. However, it seems that such materials can enter the country by other routes. A merchant importer, for example, can buy active drug ingredients, and to bring them into the country has to produce a certificate of analysis for Government examination for the first batch.

Thereafter, it seems, no expert scrutiny is necessary. The importer need have no pharmaceutical credentials. Raw materials stated as being for veterinary use may also be imported without thorough examination and they, of course, can be compounded into products for human use. There is no evidence that this is being done but the loophole exists.

Just over a year ago the Australian Industries Assistance Commission suggested deregulation of drug evaluation procedures, giving automatic approval for medicines available in certain other countries. They also proposed the wider use of generic substitution in prescription drugs. The Government here will have to tread warily, for in spite of the Federal Treasurer's 1986 comments, Australia is not a banana republic. Although the economy is sick, a vulnerable public will still demand proper medicines safeguards.

*Generic products that doctors were advised not to prescribe:

oxazepam, nitrazepam, trimethoprim, amiloride with hydrochlorothiazide, nifedipine, diazepam, indomethacin, oxprenolol, propranolol, tolbutamide, methyl dopa, dipyridamole, griseofulvin, flunitrazepam, ibuprofen, amiloride, naproxen, nortriptyline, haloperidol, labetalol, quinine sulphate, rifampicin, spironolactone, sulphasalazine, temazepam, azathioprine, metronidazole, frusemide, chlorthalidone, methyclothiazide.

Success — but not at any price

Ask any British shopper the best price of a score of popular consumer brands and not only will they be within a penny, but they'll also tell you where to get it at the cheapest price.

This is nonsense, of course. It's a full time job keeping up with RSP's, SRP's, RRP's, cut prices, offer prices, sale prices, promotional prices and the like.

What is true is that British shoppers compare prices more often than their EEC counterparts because they've been taught to. More importantly they tend to buy from retailers who have established a reputation for better prices, whether it's true or not.

Retail chemists who deliberately set out their stall to sell at cut prices for toiletries, paper products and other fast movers, are often scratching their heads with concern, because their shop is ignored.

Which market trader sells the most bananas? The silent one standing behind a pile of fruit with no price, or is it the cheeky enthusiast, with a big price board, a bigger smile and a compelling patter that demands one to buy from him?

Since there are a lot of chemist shops in this cut price boat who don't get the

What is the best way to convey prices to customers and persuade them that they are competitive? In the fifth article of this series John Kerry provides a few tips on how to do just that.

business, perhaps something's wrong with the way goods are priced, not the prices. So "It's not what you do, but the way that you do it", where prices are concerned.

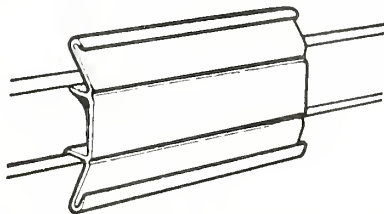
To build a deserved reputation for good prices, first get the price right, then make sure that the population served are left in no doubt about them.

Price Tickets: Minute tickets only give price information to the till operator. As a communicator of cut prices they're a waste of time. Guns which dispense much larger price tickets are better for this purpose. Its quite tiresome to mark every pack with large tickets and they are often rendered useless, not only because the print is indistinct, but also because the labels are often merchandised facing the wall.

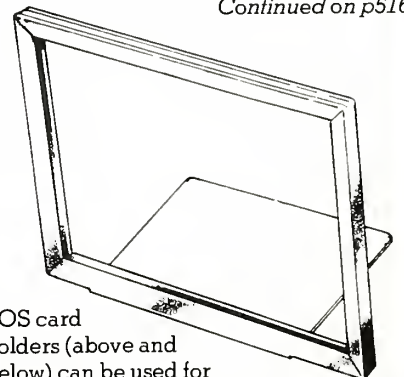
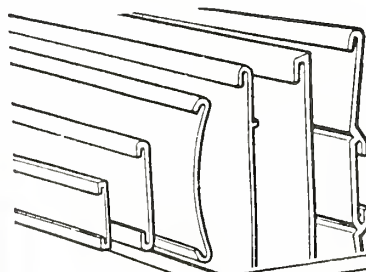
Shelf edge pricing: For everyday price marking of merchandise, lin high removable symbols, slotted into a shelf edge section are very effective. These clear prices can be read from some distance, are easy to change, and inexpensive. They tell customers what they want to know quickly, and certainly help create impression that the shop has good prices.

Price barkers: For special short term promotions, bolder treatment is necessary. Not scrawled figures on a curling piece of Day-Glo card, but a neat shelf barker which distinguishes the "offer" from the run-of-the-mill prices. Barker holders come in a whole variety of materials and colours, designed with fixings that will attach them securely to shelves, bins or baskets. No more than two or three per shelf or gondola section should be used. The cards which slot into the barker holders must look right. Symbol group material is fine, as is that supplied by the aware manufacturers. A shop's own barker cards are best, printed in the business'

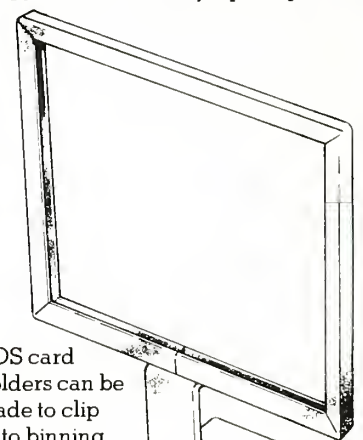
Continued on p516.



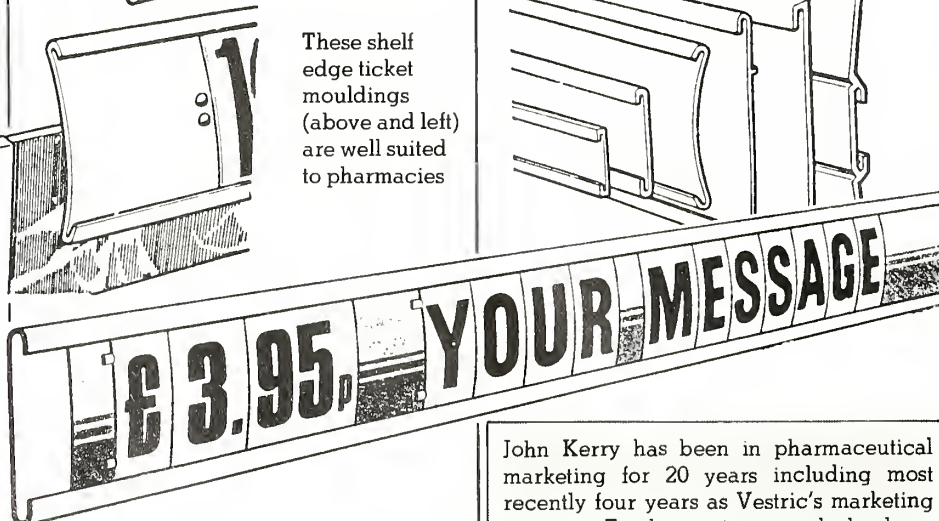
These shelf edge ticket mouldings (above and left) are well suited to pharmacies



POS card holders (above and below) can be used for special offers and major price promotions



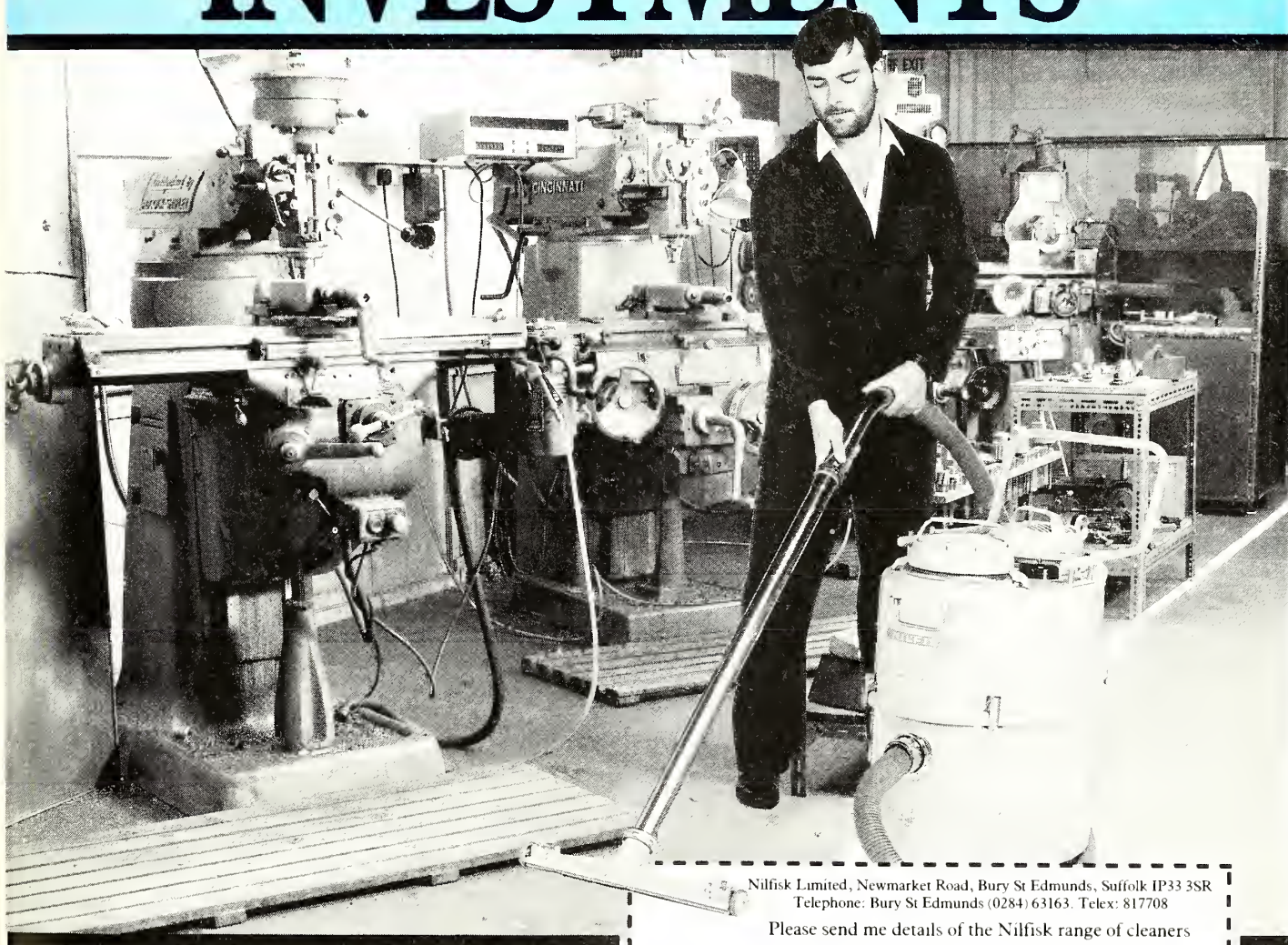
POS card holders can be made to clip onto binning, hang from ceilings or freestanding



Kits of prices and numerals can be obtained for fitting into shelf edge profile

John Kerry has been in pharmaceutical marketing for 20 years including most recently four years as Vestric's marketing manager. For the past two years he has been running his own company, Kestrel Marketing and Promotions, providing marketing services to business in retail pharmacy.

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Signs: On many occasions it is necessary to use large signs to attract attention and emphasise a very special offer, ie, "HALF PRICE CLEARANCE", "SALE ITEMS", or "SPECIAL PROMOTION". Too often the nearest thing to hand is employed and the end flap of a corrugated carton does nothing to enhance the shop's image. Freely available from specialist suppliers are standard signs with virtually every message a shop could ever need. These can be suspended by hooks, cords or fitted into free-standing holders.

Window posters: Not the most attractive articles printed, window posters do serve to tell the population that the shop has good promotional prices. They do look dreadful when either hand written or when stuck all over the window by an apparent inebriate. Professionally printed posters as supplied by



the symbol groups are best. Ideally they should be contained in frames, which allow for easy removal and do not leave sticky gum marks on the window glass.

A pricing policy

Multiple retailers have established reputations for consistent prices, even when it isn't true. "Never knowingly undersold", "the best prices always", "cheapest in town", "you'll always save at..."

They can't all be right, but careful attention to their cut price "images" has created the desired reputation. Call it good marketing or "hype" but it works. Independents, groups and small multiples doing battle with the giants need to give equal attention to their corporate image.

First of all the population needs to know that the prices are good. This is achieved by advertising either in the local press, local radio or using door to door leaflets. Window "price policy" signs and posters will stop the passer-by. Once inside, every article of merchandise that is keenly priced or on offer is supported by a bold price message.

To achieve the desired effect and to build the right reputation this activity needs to be constantly monitored. The prices should remain competitive, the offers changed at least monthly and the advertising pressure maintained. One big advertisement is soon forgotten but a series of small ones can't be.

The long term net objective of pricing activity is to instill into the minds of shoppers that a shop wants their custom and is going out of its way to attract with advertising and cut prices.



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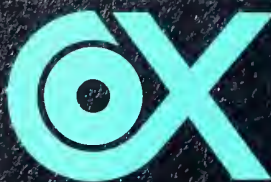
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Council's image to be improved?

I read with great interest Robert Dudley's article responding to mine on referenda and would like to comment on some of the points he made (*C&D*, March 7, p396).

He implies that the majority of pharmacists are not sufficiently well-informed to participate in important decisions affecting the profession. If this is true, I would suggest that it is because, at present, there is no incentive to be so, since they know that they have no influence over those decisions. I am sure that the great majority would act responsibly and acquire the necessary knowledge if they thought that the subsequent judgments were to count for something.

If their decisions would then merely reflect the majority prejudice, as Mr Dudley suggests, that would be no worse than the present situation, since decisions made by Council merely seem to reflect minority idealism. Community pharmacists make up 70 per cent of the membership of the Society, but at present less than one-third of the Council's members are actively involved in that branch of practice. In addition, by far the largest proportion of decisions made by the Council relate to community pharmacy. This means that decisions affecting the majority are being made by pharmacists with no practical experience of the situations they are voting on, and who can afford the luxury of voting for the ideal without having to bear the practical consequences of those decisions. What Mr Dudley regards as majority prejudices may be just opinions formed out of the experience of practical reality.

I agree wholeheartedly with Mr Dudley's remarks on the need for much better communication between those at the top and the grass-roots. That problem must be overcome before we can contemplate taking decisions by referenda. If the Council is to advise the members on how it thinks they ought to vote on an issue, it must explain much more clearly and effectively than it does now *how* and *why* it arrives at its opinions. And even more important, it needs to convince the members that it is really on their side. I can assure them from my experience on the Council that it is, although the image it presents at the moment may sometimes convey the opposite impression.

At least, in this regard, some positive steps are now being taken. I have explained to the Council the urgent need to improve its public relations with the

membership, and it has unanimously approved that a scheme should be put in hand. Work on that is about to start, and I hope that members will soon begin to see results.

Perhaps we shall see as its final outcome communications improved so much that ordinary pharmacists will be able to take a real part in the decisions affecting their profession. Or even, perhaps, understanding between the governing and the governed will be so good that the membership will trust the Council to make decisions on its behalf, confident that the right ones are being made.

Alan Nathan
London N21

'Ask your . . .' — this is ridiculous

In the last few weeks of locum work, I have been asked to advise a treatment for a tortoise with worms, a canary with hiccups and finally, last week, for a constipated, pregnant boa constrictor. On questioning the owner further as to the animal's diet, I was told she was only fed on the best quality dead rats. The owner was happy to use some liquid paraffin as a lubricant, which he said he would administer by tube down the snake's throat!

P.J. Lacey
Sutton Coldfield

Enforcer . . .

May I take issue with B.C. Hebert (*C&D*, March 7 p418). The Pharmaceutical Society has a statutory duty to enforce those provisions of the Medicines Act, 1968, dealing with the retail sale or supply of medicines. This makes it a self-regulating body. It is in the interests of the profession that the enforcing body is seen to show no leniency.

The Inspectorate carries out its duties effectively, confirmed by complaints about its "policing" from the membership. My persistent complaint is that it does not apply itself outside the profession to any significant degree, especially when it comes to so-called dispensing doctors.

The reason given, by the Law Department, for its inaction, is that the particular section of the Medicines Act has "never been tested in the Courts". Yet the Society is the enforcing body and it alone can go to the Courts for a ruling; which makes its reason absurd.

K.J. Knight
Crewkerne, Somerset

On maintaining programs etc...

In the current debate on computer labelling, two important questions do not appear to have been addressed. These are to quantify the incidence of machine breakdown, and so perhaps justify maintenance charges. And, secondly, to evaluate the skill required to write a labelling program, and thus give an estimate of approximate commercial price.

Regarding the first, we now have 12 machine years of experience, and two breakdowns: one in a Nuscribe printer, the other on receipt of the BBC. By not taking any maintenance agreements over the same period we have saved ourselves some £3,000, of, say, ten Amstrad 6128 machines.

In programming, value is surely a function of skill, rarity, and market size. A computer labelling program is actually one of the easiest to write, (it took me three months to write the one used in our shops, but three years to write the integrated accounting suite).

The market has grown very rapidly, and the rarity factor, which was related to the saying "that in the land of the blind the one-eyed is king", has disappeared.

For these reasons, I cannot see how anyone justifies more than £100 for a program, or £50 a year for maintenance. Justification is of course not necessary if the supplier modifies the computer he sells as part of his system. In that case the buyer is entirely at the mercy of the seller. For those not yet committed, I would counsel that should be the first question they ask.

A.J.F. McFeat
Glasgow

Market freedom

Your Comment last week (*C&D*, March 7) and equally excellent reporting of the latest news from Macarthy's, Underwoods and Woolworth raises several interesting points regarding the tendency towards polarisation of the ownership of pharmacies — and possibly their wholesalers — between public companies at the one pole and the self employed, with their co-operative suppliers and small independent local wholesalers at the other.

Two years have elapsed since the proposals for our new contract were published. During the same period we have witnessed the introduction of the limited list, publication of the Nuffield Report and the Government green paper.

Continued on p520

Continued from p519

Concurrently, Macarthy's were taken over by their present owners, Underwoods "went public" and Savory & Moore established a large chemists shop in Princes Risborough (population 8,500) bringing the number up to four in that small town. Guinness, in the name of Gordon Drummond, control more than 90 pharmacies, and Underwoods' retail outlets — numbering 33 in 1985 — are expected by City analysts to undergo "a quick expansion".

If this trend continues, who may own Kingswood Chemists (92 shops) should Booker McConnell plc merge with the purveyors of bread, health foods, fuel or newspapers, is anybody's guess. "Who owns whom" in the *C&D* Directory will have to be extended.

Happily, this is no longer likely to happen, now that we have the promise of limitation of contract for NHS pharmaceutical services.

While we all sympathize with our colleagues who have been leapfrogged, the days of the small operator must be limited by the rising overheads of shop sites in towns of 25,000 or more. The allocation of a few square feet to a pharmacy in a big store, now checked by the new contract, will be a form of diversification no longer available to public companies and their shareholders. Neither will uncovenanted profits above the notional salary be converted from taxman's extortions from the poor to investors' dividends for the rich.

With increasing competition between the giant retailers to sell the same large range of goods and services — "anything from a pin to an elephant" was the late Sir William Whiteley's slogan; or anything from a pill to a palace, now that estate agency is on the modern inventory — the prospects for dividends are likely to dim directly as the law of diminishing returns exerts its inexorable effect.

Two classes of people will benefit greatly from this: the taxpayer and the self employed pharmacist. The taxpayer will benefit from more cost-effective supply of NHS medicines. My current calculations suggest that £50m a year could be saved by proper location of pharmacies and phasing out of doctor dispensing.

The doctors will earn the gratitude of their patients being forced to compete with their colleagues rather than conspire. Service may improve as a result. If the DHSS has any sense, some of the £50m saved could be transferred to inner cities or hospital jobs.

If, as it appears, the free market economy has come to stay, we all have cause for quiet optimism.

Keith Jenkins,
Wendover, Bucks



Pharmacist John Kinloch (right) receives a crystal decanter from Unichem area sales manager Brian Sills (left) to mark his retirement 48 years after moving from Scotland and opening his own pharmacy in Kings Langley, Herts. Also pictured are pharmacy assistants Mrs Marchard (left) and Mrs Parsons, and Unichem's area sales representative Keith Berners

Chinese Herbals

With regard to the request to find a Chinese expert on herbal medicine (who might speak English) we may have some good news for Dr Mervyn (*C&D*, March 7, 401).

Firstly, we can supply him with a copy of various papers (in English) from the Symposium organised by the Chinese Medicinal Materials Research Centre. This event, held in Hong Kong three years ago, attracted 200 scientists from 22 countries and was the first of its kind. We understand that there were some English speaking researchers in attendance who might be able to unravel for him the mysteries of the Chinese research, including studies by scientists from Shanghai and Peking.

In fact, there is a comprehensive 742 page book "Advances in Chinese Medicinal Materials Research" which contains a wealth of information (in English) and the names of leading Chinese researchers. We would be pleased to supply the publisher's name and address.

Naturally, we welcomed the *C&D* coverage on herbal remedies and the positive predictions by manufacturers about future growth, although clearly pharmacists will need to fend off the challenge of grocers and health food shops. Pharmacists may be interested to know that, such is the demand for knowledge of Chinese medicine, that a fact-finding tour of China has been co-ordinated by Pharmaton. Already a 30-strong group of doctors, pharmacists and researchers from Holland, Sweden, Denmark, and the UK has been formed and will leave for Peking on May 4, for a two-week visit. They will have the chance to visit hospitals, clinics, and herbalists, and meet many of China's leading figures in herbal medicine. Visits to Hong Kong, Bangkok and Pharmaton's laboratories and ginseng plantation in South Korea are also included in the itinerary.

Should any pharmacist be interested in

this event, we understand that, due to late withdrawals, two places have become available. The cost, covering all flights, hotels, meals, sightseeing and insurance, is at a group rate of approximately £2,300. But firm bookings must be made by March 20 and we can provide further information on 051 426 4004.

Bill Draper

Information director, Pharmaton

Higgins aids

On February 22 almost 50 (mostly community pharmacists) attended a full day seminar on AIDS. While being disappointed that more did not attend and that the leaders of community pharmacy in our area were notable by their absence, we can claim the day a success.

This success was due to our speaker Bill Nellis of the Higgins Trust. He brought with him videos, leaflets and, most importantly, an infectious enthusiasm that none of us could resist. Covering every aspect of the subject, from its theoretical beginnings in Africa through to the latest treatments for the terminal AIDs victim, he removed the myths and gave the facts in a straightforward style, pitched at exactly the right level for his audience. He explained that the Higgins Trust had for some time wanted to speak to groups of pharmacists and that this was the first opportunity. He hoped it would not be the last, for the Trust believes the community pharmacist has and will have an increasingly important role to play in the control of the disease.

While those of us at the meeting had some previous knowledge of the disease and its spread, we left with no doubt that we could answer any questions that might arise, with confidence and authority. We could advise on the dangers and explain safety measures to be taken, and most importantly, we could reassure.

If any area is considering having such a seminar in the future, we would suggest that the Higgins Trust be invited. They are the leaders in the field and if the services of Mr Nellis can be obtained, an informative and successful meeting is guaranteed.

We arranged our meeting because we felt that this is an area in which the community pharmacist should be involved. If possible we are even more convinced now that this is so.

Our thanks to the Higgins Trust, those who attended and to Trent Region who, with Unichem, helped with funds. We will be pleased to help any other group considering holding such a seminar.

A.H. Foster

Saxilby, Lincoln.

£3,150 in fines for CD anomalies

A Newbury pharmacist who failed to maintain an up-to-date Controlled Drugs register was fined £3,150 by Newbury magistrates last Thursday.

Mr Rameshchandra Maganlan Tanna of Paines Chemist, Bartholomew Street, admitted seven charges on varying dates between February and October last year, described by prosecution as sample offences. They included failing to enter details in a Controlled Drug register of morphine, methadone and Diconal supplied to customers, or morphine obtained by him. Three charges related to failing to date prescriptions when supplying morphine, Diconal and methadone. Mr Tanna also asked for 50 similar offences to be taken into consideration.

Mrs Pauline Bishop, prosecuting, said Mr Tanna's records were in "disarray" when he was visited by drugs squad officers last year. When police visited the shop in July last year, Mr Tanna was unable to produce the Controlled Drugs register, she said.

"On October 1 they returned and at

first he was only able to produce four sections of the register." She said he left the officers in the shop for about ten minutes before returning with the remainder of the register.

The officers warned Mr Tanna the register should always be kept in the shop. When they checked it against details of supplies from wholesalers and NHS prescriptions there were a number of discrepancies but no apparent abuse of Controlled Drugs, said Mrs Bishop.

Mr Paul Trincas, defending, said the prosecutions had already taken their toll on his 31-year-old client. Mr Tanna, who graduated from Bath in 1979, took over Paines Chemist in November 1984. "Since then he has built up the practice from almost nothing, and built a reputation as a very conscientious pharmacist," said Mr Trincas. He produced a bundle of letters supporting Mr Tanna which he said were "totally unsolicited".

Despite working long hours six days a week, sometimes seven, Mr Tanna fell behind with the administrative and clerical part of his work, said Mr Trincas. Mr Tanna now had an accountant to deal with the bulk of the backlog of paperwork and intended to take on a full-time dispensing assistant.

He was fined £450 on each of seven offences. No costs were imposed as the case had been delayed.

Sharpe outlines training needs

"The community pharmacist is not the 'expert on drugs,' any more than the medical profession is," PSNC chairman David Sharpe told the UKCPA symposium on patient information at the Leicester Royal Infirmary last Saturday.

Mr Sharpe said that an expert needed to have knowledge of the comparability of drugs. "The professional role of the pharmacist is to give the information which is adequate to the particular patient's needs, and the social role of the pharmacist is to establish the individual needs of the patient," he said. Community pharmacists still had much to learn. And he hoped that remuneration systems in the future would encourage continuing education.

"PSNC has gone along the road of a good practice allowance, and so far we have used crude terms in putting it forward as a bonus system," he said. Mr Sharpe said only 10 to 15 per cent of the profession took part in further education courses. "My idea is that points

representing money will be given to contractors who attend courses. But a second stage should be a testing on the material of those courses attended." He urged the UKCPA to take a lead in the supply of information.

Mr Sharpe described this as "voluntary/mandatory" further education. You don't have to attend, but if you don't you will be worse off.

Healthy hols . . .

Janssen Pharmaceuticals are organising a Holiday Health Seminar for pharmacists and the consumer Press.

The seminar takes place at London's CFS Conference Centre, Portman Close, on April 28. It will be chaired by Clive Jacobs of Radio 4's "Going Places," and the panel includes Susan Grossman, author of "Have Kids Will Travel", Sally Hunt, a skin care advisor, Dr Mike Bagshaw and Dr Paul Clark of the Medical Advisory Service to Travellers Abroad. Pharmacists who are interested in attending should contact David Barrow, Janssen Pctls Ltd (tel: 02357 2966).

No of days treatment NB Ensure dose is stated	NP
<p>Norimin</p> <p>x 12 yrs.</p>	
<p>We were thinking about running a "prescription poser" competition to find the script for the longest period of treatment... then this arrived. But never mind, any pharmacist dispensing such a script from September will get an extra 30p fee</p>	

Battery charges

Ever Ready have been asked to modify claims of a national Press advertisement for their rechargeable batteries, after a complaint to the Advertising Standards Authority.

The claims that "rechargeables are the same normal batteries", "so your equipment always works at full power" and "they can be used in exactly the same equipment" were all questioned. Although the advertisers argued the batteries have the same voltage as the average operating primary cells (although lower than the first stages); that it maintains efficiency in the latter stages of the battery's life, and that only in a few cases did manufacturers advise against their use as a fault in the equipment could lead to damage caused by a power surge from the battery, the Authority felt the advertisements should be changed to state more accurately the batteries' capabilities.

Another questioned claim that "rechargeable batteries can be used at least 500 times" was supported by information given by the advertisers.

MDA fees up 2pc

Fees for licences required under the Misuse of Drugs Act 1971 are to be increased by some 2 per cent from April 1. The changes are made by *SI 1987 No 298 The Misuse of Drugs (Licence Fees) (Amendment) Regulations 1987*. £0.45 from HMSO.

Postscript

"The average total cost per prescription for prescriptions dispensed during the month of July 1986 was £5.15. The most expensive item dispensed in July 1986 cost £6,416.10," Health Minister Tony Newton said in the Commons recently.

'Scratching the surface'? — Budget ruled by caution

As he prepared for this year's Budget, Nigel Lawson, the Chancellor of the Exchequer, was generally felt to be a lucky man. Coffers were swollen by high tax returns, with VAT receipts up 5 per cent more than forecast last year — partly because of a consumer spending boom. And corporation tax receipts were boosted by over 36 per cent compared with the last fiscal year.

So in a year which may well see a General Election, Mr Lawson had some £4bn to play around with. But in the event, "prudence" — was the key word, with a cut of only 2p in income tax — hoped by some to be as much as 4p. And from the Opposition came cries of "anti-climax". For small firms, there was some good news — but not many surprises.

VAT:

There was welcome news, here, for the small firms lobby, which has been pressing for changes to the payment rules. But these changes were said by the NPA to be "marginal" for pharmacies (see below).

As from October 1, businesses with an annual turnover of under £250,000 — over half those registered to pay VAT — can now choose to account on the basis of cash paid and received. In other words, firms won't have to pay until they've been paid by their customers.

Other VAT changes are:

- A lifting of the threshold from £20,500 to £21,300.
- Firms can file one annual return from next year — instead of quarterly.
- The period within which firms must be registered is extended from 10 to 30 days.

The whole package should cost £115m in 1987-88 and £60m in 1988-89.

Training:

Employers willing to pay for the retraining of employees for employment elsewhere can now set the cost against tax; and there will also be tax advantages to the employees themselves.

Corporation Tax:

The small business rate came down in line with income tax — from 29 to 27 per cent. The main rate is unchanged at 35 per cent and capital gains will now be charged at the corporation tax rate.

The Capital Gains Tax retirement relief

comes up by 25 per cent from £100,000 to £125,000.

Business Expansion:

Scheme: The investing in the first half of the year can claim part of the relief against the previous year's income, to prevent 'end-year bunching'.

Inheritance Tax:

This was the new name given to the Capital Transfer Tax in last year's Budget — then called "a thorn in the side" of family firm owners. The starting level now goes up from £71,000 to £90,000 and cuts out one third of those currently liable.

Profit-related pay:

Half profit-related pay will now be tax free and the upper limits for relief are raised,

Personal allowances:

The amount of money earned before tax came up by 3.7 per cent, in line with inflation:

to £3,795 for the married man's allowance to £2,425 for the single person's allowance to £4,675 for the married age allowance (optional for over 65's) and to £2,960 for the single age allowance — with special allowances for the over 80s.

■ A disappointing and insignificant budget for pharmacy was the verdict of NPA director Tim Astill. "As an organization we find it disappointing and surprising that the Chancellor didn't add anything to cigarettes — as we feel health is more important than inflation", says Mr Astill. Some of the measures to help businesses — like annual cash accounting and raised VAT thresholds — are not likely to be attractive to pharmacists, he added, "Though lower interest rates may be attractive to those who are buying or running a business on a bank loan or overdraft."

"We asked him to do a lot of things which he hasn't," he said — such as an agreement between tax and national insurance officers on self employment, which is significant for locum pharmacists; a higher tax allowance on luncheon vouchers, important for smaller employers; and common thresholds on PAYE and NI which would simplify administration, as well as tax relief for private medical insurance. "On the whole we feel this budget has only scratched the surface."

Grimond slams Sunday control

Uneven enforcement of the restrictions on Sunday trading is bringing the law "into total disrepute," Lord Grimond (Lib) told the House of Lords last week.

The Earl of Caithness, Home Office Minister of State, made it clear that he shared this view but argued that responsibility for the situation rested with Lord Grimond's Liberal colleagues in the Commons, who last year helped to defeat the Government's Bill to reform the Sunday trading laws.

He stressed that it was for local authorities to decide whether prosecutions were instituted under the existing law, and full statistics would not be available centrally until September or October.

Viscount Brentford (Con) quoted from a recent survey by the British Hardware Federation which showed that 260 out of 360 DIY shops were open illegally.

Lord Caithness replied that if they were open the local authorities in the areas concerned had power to take action if they wished.

Lord Rochester (Lib) emphasised that many of those who opposed the Government's Bill, for various reasons, accepted the need for the present law to be "tidied up".

Lord Caithness recalled that Liberal Peers had forced a division against the Bill when it was discussed in the Lords.

'Marriage' bureau

A new consultancy service has been set up to help companies looking for marketing, sales and distribution of their branded or own label products.

The service, established by Kestrel Marketing and Promotions Ltd, hopes to marry their marketing service with national companies looking for new lines to sell. *Kestrel Marketing & Promotions Ltd, 216 Chester Road, Helsby, via Warrington WA6 0AW.*

AAH have agreed to the merger of the fuel distribution interests of British Fuel Company (a partnership between AAH and British Coal) and Redland plc to form a new joint venture, British Fuels Ltd. British Fuels Ltd will be 25 per cent owned by AAH, 20 per cent by British Coal and 55 per cent by Redland.

EEC moves on uniform pricing

A new EEC draft directive could, if adopted, lead to much more uniform pricing of medicinal products in member states.

The directive relates to the transparency of measures regulating the pricing of human medicines and their inclusion within national health systems. Member states are being required to introduce the directive by January 1989.

Member states will publish details on how they control manufacturer's profitability annually, and why products are excluded from a national health system.

The directive proposes that if a country does not wish to allow a product to be marketed at the price suggested by the manufacturer then reasons must be given. In the event of prices being frozen they must be reviewed and adjusted at least every 12 months.

Member states shall also be required to list products excluded from their health insurance systems, and to verify the fairness of the prices charged for transfers between groups of companies of active principles or intermediates.

In the past, with transfer pricing being "opaque", the country of origin has not necessarily been revealed.

Swaddlers go for Dafoe and Dafoe

Swaddlers, the British disposable nappies makers, have bought suppliers and distributors Dafoe and Dafoe, based in Milton Keynes.

The firm claims over 35 per cent of the private label sector, and managing director Peter Brenikov says the new acquisition marks "an important step forward in Swaddlers' total development programme, further consolidating our position in the disposable nappy market". Dafoe and Dafoe supply feminine hygiene products to a number of large multiples of private label contracts, and distribute the Confidence range of products.

Rockware still looking to glass

As they pull up into a £2m profit, Rockware are proclaiming their faith in the glass container market and looking forward to stronger prices this year.

Chairman Sir Peter Parker is heralding the present fiscal year as "the beginning of a new phase". In 1985 pre-tax profits came to only £61,000; now they stand at around £2m, and during 1986 the bank debt was cut from £17.7m to £15.5m. Since the year end an open offer and placing of 50 million new Ordinary shares, has raised about £24.15m and paid off the bank debt.

The glass company brought in

£101.533m of the £121.910m turnover, and nearly doubled its operating profit (after extra items). Sir Peter sees "positive signs of a better balance of capacity and demand".

"Glass still has its winning ways," he claims — citing convenience and recyclability among others. "So we shall reinforce our strength in glass, although we shall become less dependent on it".

The plastics division upped its operating profit from £989,000 to £1.4m after extra items. Sir Peter foresees the high barrier performance plastic bottles market taking off.

Beatson Clark recently predicted an £8m boost to turnover from plastics.

Colour changes

Advertisements for two home pregnancy tests are to be changed after complaints to the Code of Advertising Practice Committee.

A complainant asserted that Carter Wallace's claims that Discover Colour kit "leaves no room for doubt", is "the most reliable" and "most accurate", were unjustified. While the advertiser argued that the test used was simpler and so more accurate, the Committee did not accept this made the test more reliable than others, and felt the "no room for doubt" claim was an exaggeration.

The second complaint objected to Chefaro's Predictor Colour claim for "the most accurate and technologically advanced home pregnancy test in the UK". The advertiser told the Committee this should have read "one of the most accurate", and would not be repeated.

Worldwide Janssen research

The Janssen Research Foundation Worldwide has been set up to concentrate on developing unique therapeutic agents in human and veterinary medicines and plant production.

Under the leadership of Janssen pharmaceuticals head of research director, Dr Paul Janssen, the foundation will integrate R&D in Belgium with the UK, France and the USA, where it will absorb the research activities of McNeil Pharmaceuticals.

Further units are planned for other countries and more "top quality" researchers will be recruited.

The Foundation is a purely scientific institution which aims to develop further links with leading scientists in Universities, research centres and hospitals. It is hoped that parallel clinical trials in major countries will give undisputed credibility to the new medicines developed and speed registration in several countries.

New drugs in the pipeline include itraconazole, the first orally active substance against some opportunist fungal infections in AIDS; for example, cryptococcosis and aspergillosis. The drug is already being used in the UK on a named patient basis. The company is also looking at ways of attacking AIDS by immunological methods and by research into antivirals.

Cisapride, a novel compound active in digestive disorders and oesophagitis, is likely to be marketed in the UK next year. Levocabastine, claimed to be the most potent H₁ antagonist available, will be launched as eye drops for the treatment of allergic rhino-conjunctivitis.

Clinical trials are beginning for an androgen inhibitor potentially useful in prostate cancer and another drug for use in breast cancer. The company is also researching compounds which, in animals, have been found to strengthen the immune mechanisms which remove metastatic cancer cells.

Sirius snapped up

David Anthony Pharmaceuticals have bought the Sirius brand of photographic products.

D.A.P. have plans to market Sirius products through chemists, as well as independent photographic outlets. The company expects significant growth in the chemist marketplace.

NPA team with Squibb on stoma

The National Pharmaceutical Association has organised the following evening courses on stoma care and ostomy. The courses are being run in with the aid of Squibb Surgicare to support the latest "Ask your pharmacist" advertising in ostomy publications. The meetings start at 6.30pm with a buffet supper.

Birmingham. April 23, Postgraduate Centre, Queen Elizabeth House, Metchley Park Road, Edgbaston, Birmingham; **Oxford.** May 6, George Pickering, Postgraduate Centre, John Radcliffe Hospital, Headington, Oxford; **Nottingham.** May 7, Postgraduate Centre, City Hospital, Hucknall Road, Nottingham; **Crawley.** May 12, The Imperial Suite, Post House Hotel, Gatwick Airport, Povey Cross Road, Horley, Surrey; **Taunton.** May 14, The Creech Castle Hotel, Bathpool, Taunton; **Enfield.** May 14, Postgraduate Centre, Highlands Hospital, Worlds End Lane, Winchmore Hill, London N21; **Manchester.** May 19, Alexandra Hospital, Mill Lane, Cheadle, Nr Stockport; **Norwich.** May 20, The Norwich Hotel, Boundary Road, Norwich.

Wednesday, March 25

East Kent Branch, Pharmaceutical Society. 8pm, post-graduate medical centre, Kent & Canterbury Hospital, Canterbury. Regional continuing education lecture — "Skin diseases and their treatment".
Liverpool Branch, Pharmaceutical Society and Liverpool Chemists' Association. 7pm, Crest Hotel, Liverpool. Dr J.A. Smith, Bradford University on "Chronobiology".

Thursday, March 26

Wirral Branch, Pharmaceutical Society and Birkenhead & Wirral Pharmacists' Association. 8pm, post-graduate medical centre, Clatterbridge Hospital. Miss A. Benn, part II on Drug Tariff.

Friday, March 27

Dundee & Eastern Scottish Branch, Pharmaceutical Society. 7.30pm, Lecture Theatre 3, Ninewells Medical School. Joint meeting with BMA. Dr F. Vincent, City Astronomer, Mills Observatory, on "Life, the Universe, and Halley's Comet".

Advanced information

Border Region, Pharmaceutical Society. Regional Conference, 7.30pm, April 8, the Red Lion Hotel, Chester-le-Street, C. Durham. PSGB secretary and registrar, Mr John Ferguson, on "How a new boy sees it", followed by question forum with Council members Mr W.M. Darling, and Professor B.A. Hemsworth. Applications by April 6 to Miss N. Thornthwaite, 10 Hollows Meadows, Hexham, Northumberland NE46 1HE.

IBC Technical Services Ltd. International Seminar on "The Current and Potential Therapeutic Indications for Drugs affecting Calcium" April 13-14. Further details Miss Penny Robinson, IBC Technical Services Ltd, Bath House, 56 Holborn Viaduct, London EC1A 2EX.

National Pharmaceutical Association. Regional dinner, March 30, 7pm, the Post House Hotel, Chapel Lane, Great Barr, Birmingham. Details from Mike King, Local Organisations Officer, 0727 32161.

Royal Society of Chemistry Annual Chemical Congress on April 13-16. Further details from M.P. Donnelly, External Relations Officer, 30 Russell Square, London WC1B 5DT.

Consumer spending will slip back next year

There is growing optimism among economic forecasters about prospects for growth in the run-up to the election, with consumer spending still the chief impetus to business activity in 1987. By 1988, however, the consensus view is that growth in consumer spending will slip back under the impact of slower wage rises.

Judging by the retail sales returns — which account for about half of total spending — consumers increased the value of their outlays last year by an estimated 9 per cent, and by nearly 5 per cent in volume terms.

The value of sales by retail chemists increased by 42 per cent between November and December last, rising to a level 7 per cent higher than in December 1985. The best year-on-year improvements were in February and June, when sales

were 15 per cent higher than 12 months earlier. In 1986 as a whole, chemists' sales were worth 11 per cent more than in 1985; the improvement between 1984 and 1985 was 16 per cent.

Total retail sales volume in the three months October to December was 2 per cent higher than in the previous three months, say the Department of Trade and Industry, and 7 per cent up on the corresponding period a year earlier.

The cold weather of January deterred

Business Statistics

Prices and costs

Prices and costs		Latest data		Previous data		% change on year
Retail prices (January 1974=100):						
all items	Jan	394.5	Dec	393.0	3.9	
medicines, toiletries	Jan	426.3	Dec	427.6	4.0	
Producer prices (1980=100):						
manufacturing industry, excl food	Jan	145.2	Dec	143.7	4.2	
chemical industry	Jan	134.5	Dec	133.1	0.2	
pharmaceutical products	Jan	144.9	Dec	142.5	3.2	
toilet preparations for men	Jan	161.4	Dec	160.0	7.2	
other toilet preparations	Jan	144.0	Dec	141.3	6.9	
surgical dressings	Jan	165.0	Dec	164.0	3.1	
photographic materials and chemicals	Jan	143.1	Dec	140.2	5.4	
Average earnings* (January 1980=100):						
distribution and repairs	Nov	179.8	Oct	177.5	7.2	
chemicals and man-made fibres	Nov	212.6	Oct	196.6	8.9	

Output & overseas trade

Manufacturers' sales* (current prices) £m:					
pharmaceutical products	3rd qtr	948.0		973.0	13.0
perfumes, cosmetics and toilet preparations	3rd qtr	349.0		315.0	4.0
Home sales* (current prices) £m					
pharmaceutical products	3rd qtr	744.0		744.0	15.0
perfumes, cosmetics and toilet preparations	3rd qtr	323.0		282.0	6.0
Exports* (current prices) £m:					
pharmaceutical products	3rd qtr	394.0		406.0	11.0
perfumes, cosmetics and toilet preparations	3rd qtr	94.0		89.0	12.0
Imports* (current prices) £m:					
pharmaceutical products	3rd qtr	190.0		177.0	17.0
perfumes, cosmetics and toilet preparations	3rd qtr	68.0		56.0	26.0

Sales

Consumers' expenditure (1980 prices) £ bn		4th qtr	40.5	40.2	4.8
Retail sales* (value) per week (1980=100)					
all retail businesses	Dec	223.0		182.0	6.0
chemists	Dec	288		203	7.0

Business indicators

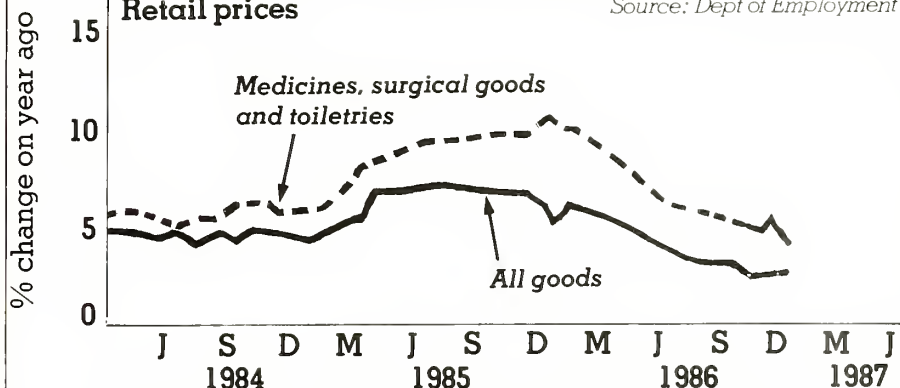
Average earnings index (1980=100)		Dec	191.3	190.2	7.4
Capital expenditure (1980 prices) £m:					
distribution	4th qtr	1055		1046	2.9
Stock changes (1980 prices) £m:					
wholesalers	4th qtr	104		-198	—
retailers	4th qtr	203		5	—
Unemployment (UK) per cent		Jan	11.3	11.3	-0.9

Sources: Central Statistical Office, Department of Employment, Department of Trade and Industry, HM Customs & Excise, OPCS. All figures seasonally adjusted except where marked.

Medicine & toiletry price increases ease

Retail prices

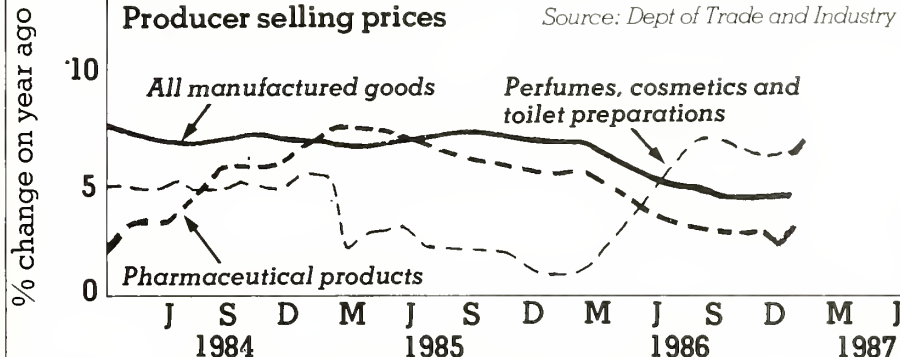
Source: Dept of Employment



Perfumes, toiletries product price rises increase

Producer selling prices

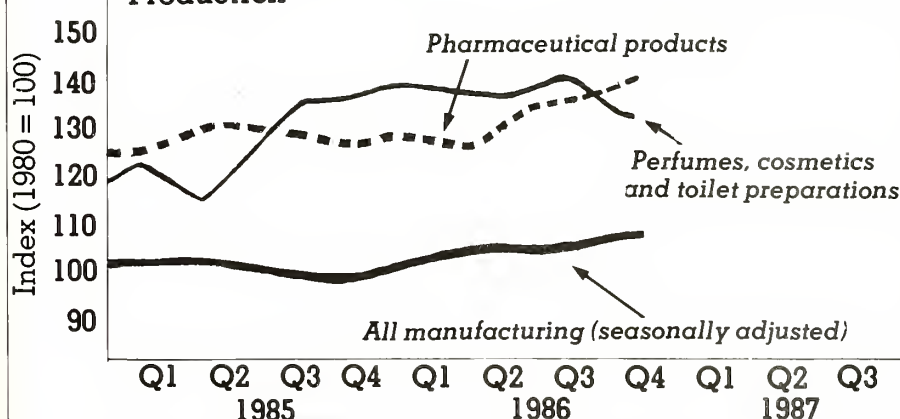
Source: Dept of Trade and Industry



Pharmaceuticals production expands

Production

Source: Central Statistical Office

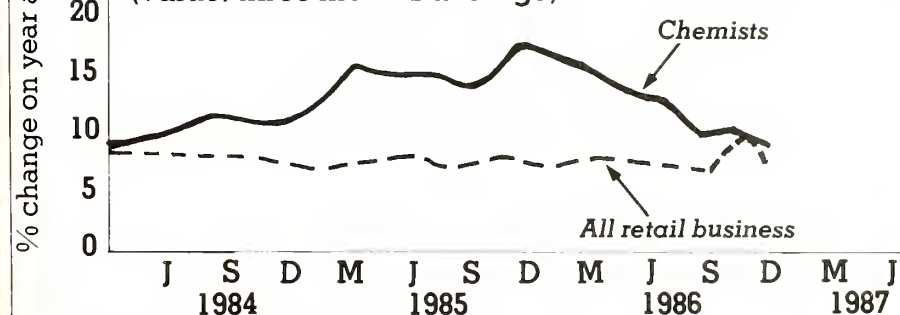


Increases in retail chemists' sales decline

Retail sales

(value, three months average)

Source: Dept of Trade and Industry



shoppers to the extent of pushing total sales down by 2.6 per cent on the month, according to provisional estimates from the DTI. These figures confirm the findings of the latest CBI/FT survey of the distributive trades which reveals disappointing sales in January. But retailers expect sales in February to have been higher than a year ago.

Orders placed by retailers with their suppliers increased more than expected in January, and faster growth is predicted for February.

The level of retailers' stocks rose by almost £205m, at constant 1980 prices seasonally adjusted, in the final quarter of last year. This increase could, say the DTI, be due in part to December's sales being slightly below expectations. During the year retailers increased their stocks by some £485m, and have now been stockbuilding for nine consecutive quarters. The ratio of stocks to sales increased marginally from 93.2 at the end of September, to 93.6 at the end of December.

Inflation continued to rise in January, to an annual rate of 3.9 per cent compared with 3.7 per cent in December. The increase was due mostly to higher prices of alcoholic drinks, food and petrol. The prices shoppers had to pay for medicines, surgical goods and toiletries fell slightly between December and January, to a level 4 per cent higher than in January 1986. This is the lowest annual rate of inflation since January 1984, when medicines and toiletries were rising at 4.2 per cent on an annual basis.

The overall upward trend in retail prices is expected to continue for some months yet, as manufacturers' costs and prices start to show sizeable increases.

Raw material and fuel costs for pharmaceutical manufacturers increased by 0.8 per cent in January, to a point just 0.5 per cent higher than a year ago. For perfume and toiletry makers, costs increased by nearly 1 per cent on the month, but remained 0.3 per cent lower than in January 1986. Wholesale prices of perfumes and toiletries, however, increased at an annual rate of nearly 7 per cent in January, while prices of pharmaceuticals were 3.2 per cent higher than a year ago.

UK manufacturers' total sales of pharmaceuticals in the third quarter of last year were worth 13 per cent more than at the same time in 1985, but imports were up 17 per cent, as export performance improved by more than 11 per cent. Total sales by perfume, cosmetic and toiletry manufacturers increased by 4 per cent between the third quarters of 1985 and 1986, as exports rose 12 per cent and imports shot up in value by 26 per cent.

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Three new NI Fellows

Three Northern Ireland pharmacists were presented with their Fellowship Certificates by president Robert Clarke last week, in recognition of distinguished careers in community pharmacy and the hospital service.

The senior Fellow, community pharmacist Tom Gibson, registered with the PSNI in 1928, and has been a stalwart of the Ulster Chemists' Association for many years, and president in 1946. "Mr Gibson is still a UCA trustee", the president said at the annual dinner, "in such illustrious company as Harry Boyd, Billy Moffet and Malachy Mooney.

"His ethical approach, great wealth of knowledge, expertise and reliability as a pharmacist are very highly regarded by those pharmacists whom he has helped."

Tom Hunter, proprietor of McDowell's in the Donnegal Road, Belfast, since 1964, had also given long service to the UCA, and served on PSNI Council and as president in 1971-72. An inveterate "committee man", Mr Hunter's other talents include design (the PSNI tie) and organisation (the PSNI annual dinner!). The president said he was delighted to "... acknowledge Mr Hunter's endeavours and interest over the years".

Hospital pharmacist Ivy Taylor had a reputation for efficiency and for not suffering fools gladly, said Mr Clarke, and had "created and upheld the good name and ethical reputation of pharmacy in the Province." She has just retired after some 30 years in service, latterly as group pharmacist at Tyrone County Hospital.

Herty captain

Community pharmacist Peter Neal was recently voted captain of Herts County Cricket team.

Peter works with his father in their pharmacy in Hemel Hempstead. He has been playing for Herts since he was about 18 years old, and has already had some experience as captain of the under-19 side. The Herts team is due to play a warm up game at Tring in May with the first of the series of two day matches set for May 24 and 25 at Sleaford, where they play Lincolnshire.

But the big challenge comes in the



PSNI president Robert Clarke (second left) pictured with new Fellows at the president's dinner in Belfast last week — from the left: Tom Gibson; Ivy Taylor and Tom Hunter. Below Mr Clarke is joined by PSGB vice-president Bernard Silverman (left) and PSI president Dr Pat Deasy.



SOS in the knick of time

"SOS — send some knickers" was the unusual order received by Undercover Products recently.

The call for help — in the form of Undercover's zero disposable knickers — came from the British Army who are planning a caving expedition in Peru later this year. The company immediately despatched a month's supply for each of the 18 members — to help them cope with weight restrictions and the bad sanitation they expect to face.



New Beecham md

Beecham Consumer Products have appointed Howard Hutchings as managing director of Beecham Proprietaries Western Division from April.

He will be responsible for the toiletries and proprietary medicine business in Britain. Mr Hutchings joined the group in 1960 and for the last two years has been in Australia as managing director of consumer products. He is to succeed Peter Glynn-Jones who has been appointed president of Beecham products in the States

Wilkinson Sword (Shaving) Ltd: Simon Everett has been appointed senior product manager for Double Edge and systems razors. And two new national account managers — Ian Bolton and Cliff Carter — will handle major grocery, chemist and drugstore accounts for the company.

Care Laboratories: Tony Lawrence is promoted to head the newly formed Key Accounts Group, which will include Michael Keen and Peter Fall, both newly appointed key account executives. And John Ward is promoted to national field manager and will control a team of eight sales representatives.



PSNC chairman David Sharpe with daughter Alexandra, and two team members from Aston University, who won the indoor games competition at the British Pharmaceutical Students' Association sports day recently. Mr Sharpe is chairman of the sponsoring organisation Pharmacy Mutual Insurance

DEATHS

Ted Ellis, on March 9. *E H Butler & Son* write: Midland chemists will be sad to learn of Ted's death, after several long illnesses. For many years he represented Cheseborough Ponds, and from 1968 until his retirement in 1985 he worked as a sales representative for our company.

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CINNAMON TABLETS

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The Triangle Trust 1949 fund is an independent charitable trust administered by a Board of Trustees. Its primary aim is the relief of hardship or distress in the case of people and their dependents employed or formerly employed in the pharmaceutical industry in Great Britain. Such relief may include assistance with educational expenses.

The Trustees will also consider on their merits any applications for assistance beyond the scope of an employer's responsibilities, concerning education or training at recognised centres of study for general or special subjects.

For additional information, or to apply for assistance, write to:-

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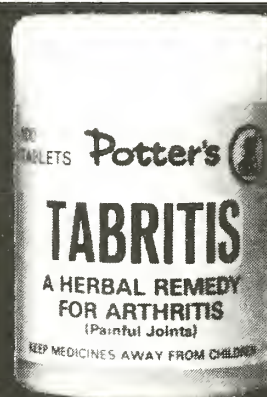
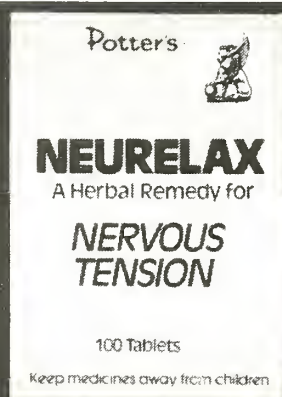
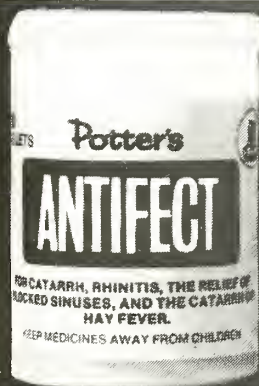
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PRESCRIBING INFORMATION

PRESENTATION

Tamofen 10 Tablets, containing 1/2mg tamoxifen citrate BP equivalent to 10mg tamoxifen, are round, convex, off white tablets, scored on one side and marked "T10" on the reverse.

Tamofen 20 Tablets, containing 30 1mg tamoxifen citrate BP equivalent to 20mg tamoxifen, are round, convex, off white tablets, marked "T20" on one side.

Tamofen 40 Tablets, containing 60 8mg tamoxifen citrate BP equivalent to 40mg tamoxifen, are round, convex, plain off white tablets.

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DOSEAGE AND ADMINISTRATION

For oral administration:

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The daily dose is 20-40mg. Tamofen 10 Tablets should be given in divided doses (i.e. twice daily). Tamofen 20 and Tamofen 40 may be given as a single daily dose.

(2) Amenorrhoea/infertility:

In women with regular menstruation but anovular cycles, treatment should start with 20mg per day, given on the second, third, fourth and fifth days of the menstrual cycle. If treatment is successful, further courses may be given during subsequent menstruation periods, increasing the dosage to 40mg, and then 80mg daily.

In women with irregular menstruation, treatment can be initiated on any day. If there are no signs of ovulation, a subsequent course of treatment may be started 15 days later, at the higher dosage level increased as necessary (40mg or 80mg daily). If a patient responds with menstruation then the next course of treatment is started on the second day of the cycle. Tamofen 10 Tablets should be given in divided doses (i.e. twice daily). Tamofen 20 and Tamofen 40 may be given as a single daily dose.

CONTRAINDICATIONS, WARNINGS, etc.

Contraindications: Pregnancy.

Precautions: Tamoxifen may be given to pre-menopausal women only after thorough examination has excluded the possibility of pregnancy.

Adverse effects: Side effects are generally mild. The following effects have been reported – hot flushes, mild nausea, mild thrombocytopenia and leucopenia.

Occasionally occurring side effects are vaginal bleeding, pruritus vulvae, skin rash, fluid retention, gastrointestinal pain, pain metastases and tumor pain.

Deep thromboses have occurred and with large doses of tamoxifen (160-200mg per day) toxic effects on the retina have been reported (corneal and macular changes resulting in blurred vision have been described in a small number of cases treated continuously with large doses for long periods).

In breast cancer patients, temporary reductions in platelet count (usually to 80,000-90,000 but sometimes lower) have been observed during treatment with tamoxifen. The platelet counts have recovered during treatment and no haemorrhagic tendency has been reported. Hypercalcaemia has been reported in patients with bone metastases.

The adverse reactions can sometimes be controlled by a reduction of dosage.

In a proportion of pre-menopausal women treated for breast cancer, there is a suppression of menstruation (reversible cystic swelling has occasionally been observed in this group of patients receiving 40mg tamoxifen twice a day for short periods).

Treatment of overdose: Overdose causes anti-oestrogenic effects. In animals, extremely high doses (over 100 times the recommended dose) have caused oestrogenic effects. There is no specific antidote to overdose, and treatment should therefore be symptomatic.

PHARMACEUTICAL PRECAUTIONS

Storage: Protect from moisture and heat (store below 25°C).

LEGAL CATEGORY

POM

PACKAGE QUANTITIES

Tamofen 10 in foil strip packs of 30 and 250 tablets.

Tamofen 20 in foil strip packs of 30 and 250 tablets.

Tamofen 40 in foil strip packs of 30 tablets.

FURTHER INFORMATION

Maximum plasma levels of tamoxifen occur at 4-7 hours after administration. The elimination half-life is about 7 days. Considerable enterohepatic recirculation is a probable reason for the slow elimination.

PRODUCT LICENCE No.

Tamofen 10: PL 04240031

Tamofen 20: PL 04240043

Tamofen 40: PL 04240055

LICENCE HOLDER

Tillotts Laboratories, Henlow, Beds.

BASIC NHS PRICE

10 mg (30 tablets) £ 7.00

10 mg (250 tablets) £36.30

20 mg (30 tablets) £11.00

20 mg (250 tablets) £80.00

40 mg (30 tablets) £25.78

Further information is available on request. Tillotts Laboratories, Henlow, Beds. SG16 6JL



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